

[Report 1953] / Medical Officer of Health, Nottingham City.

Contributors

Nottingham (England). City Council.

Publication/Creation

1953

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CITY OF NOTTINGHAM

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR
1953

Nottingham :

DERRY AND SONS, LIMITED, PRINTERS.



Miss I. STRICKSON



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P R E F A C E

The Report now presented, the sixth of my series, contains encouraging evidence of the continued efficiency of the Preventive Services. These words annually may appear stereotyped but an examination of the facts shows that, with flow and ebb, there has been continued progress over practically a century ; progress which at any given date since 1850 would have been judged impossible within the succeeding ten years. Since the last report, events on the one hand pleasing and on the other hand discouraging have occurred ; there have been opportunities presented and taken and opportunities lost. Nevertheless, the realisation that prevention is better than cure was more widely accepted, and the true meaning of a *National Health Service* became more apparent.

An interesting table—perhaps as a collection of figures not inviting to the reader—found on page 14, reflects what has been done, first in the purely environmental services and later in the integration of the early personal services. In the period 1850 to 1856 only one child in five survived its first year ; the infant mortality was 209 per thousand live births. The comparable rate of 26 for 1953 shows that although continuous progress was indeed registered, almost a century was required to reduce the figure to one tenth of the former enormity.

Improvement, when indicated only by decimal points, may suggest a trend and must be received only as such, but improvement of some $2\frac{1}{2}$ points in the Infant Mortality rate is very satisfying, especially when associated, as it was for 1953, with an improved neo-natal death rate and a larger number of births—the greater proportion of which took place in the home.

From the time of the inception of the health services the relative safety of the infant and of the mother have been prime objectives. Considerable provision, legislative and financial, has been necessary to protect these two classes but in recent years the concept of health supervision throughout the entire population has spread and the organisation for its achievement is developing. It seems, however, that before such a concept can be fulfilled another class, at the opposite end of the age scale, will urgently need special care. In this respect study has already commenced here, and Dr. Patricia Shaw, in her introduction to the Prevention, Care and After-care section of the Report, gives an early outline of what is necessary. The Health Committee has maintained an emphasis on the home services—Home Help and Home Nursing—dealing predominantly with the aged. Though their lot is appreciably better than four years ago, the problem nevertheless, in all its acuteness, is not by any means yet fully developed, and it should be said at this juncture that the humane coping with this problem necessitates, not a surrender of their duties by relatives and children to local health authorities, but a partnership between them to make suitable and acceptable conditions for the elderly. It never was, nor will be, economic for one paid person to be engaged throughout each day caring for one other person of whatever age.

High staffing rates have always been the bane of the services which involve public care, which in meeting the present problem must be designed to give nourishment and a daily interest to the elderly. A solution therefore may be for the aged to be brought together in buildings at suitable points and given an occupation to produce something useful. Perhaps in a City of this kind suitable out-work carried on in a centre may offer an interesting lead for the future.

National pronouncements of recent months have begun to emphasise the obvious truth for the social services of the modern state, that only through the public playing their part, by practising the elements of hygiene and by accepting their responsibility to themselves can the health service of the type envisaged in this country be made possible.

★ ★ ★

The photographs published are selected to serve as a focus for matters which are engaging the Health Committee. The cause of atmospheric pollution has been referred to very widely in the national press and the Beaver Committee in its interim report indicted the ordinary householder with a 50% responsibility for the staggering cost of the smoke nuisance and for the disastrous results of 'smog'. While a firm attitude towards industrial chimney stacks which regularly belch forth black smoke containing chemicals damaging to buildings, linen and vegetation, is an official responsibility, the duty of the householder to change long established habits and increasingly use smokeless fuels becomes, in everybody's interest, a point of some urgency and importance.

No time is being lost in surveying the outdated and decrepit property in which some people are forced to make their lives, properties which by any standard almost defy description. The photographs show that the houses are not, in fact, derelict in the fullest sense, in that they show unmistakeable signs of occupation.

Decisions of slum clearance are far from simple, since interests of all sorts, including financial and human, are so closely affected. If, however, future generations are to be accorded a fair start and so lead to our continued national prosperity, decisions on clearance based on a good standard must be faced and taken boldly.

The photographs of the aged occupant of a single room with her few necessities around her—including a bucket for a lavatory and windows screened in an attempt to maintain warmth—need no further description. It does not approach the worst example of the conditions outlined in the section of the report 'The Care of the Aged'.



Figures from the Ministry of National Insurance of the weekly numbers of sickness claims show a high percentage arising from illnesses due to catarrhal infections of the lungs and air passages. It is not a favourable commentary on the type of progress our civilisation is making when one item, to take for example the cinema, leads to minor sickness of this kind which is responsible for a considerable proportion of the national loss.

In the haste of erecting some of these local palaces little thought was given to the essential necessity for air-conditioning, and in fact where such thought was given the serving up of continuous programmes militates against the clearing of the house and the exchange of atmosphere. It is not surprising that the aggregate amount of illness through respiratory infections in this City—and of course elsewhere—is a hindrance both to health and to national production.



The campaign against tuberculosis, now mainly that of the lungs, has made notable progress during the past three years, the primary factor over that period in this area being the rehousing of tuberculous families where risk of spread to juveniles was high or where risk to the community was appreciable. As the report shows a waiting list of some 500 names has been disposed of with the interested co-operation of the Estates Committee and

cases now, in which a priority is found to be justified, can be rehoused before irreparable damage is done. The decision of the Estates Committee to grant a heightened priority was not an easy one in view of the thousands of applicants for houses many of whom were living under almost intolerable circumstances. While there was sympathy with these applicants it was borne in mind that every case of proven pulmonary tuberculosis is the potential—and in a large number of cases the actual—source of a number of other cases of long and serious illness, and in some cases the beginning of family tragedy.

The vaccination of infant contacts where the risk of infection was high was continued by means of B.C.G. vaccination and steps to increase the number of those to benefit by this adequate form of protection were taken. Now the vaccination of all school children during their fourteenth year, that is at the beginning of a very susceptible period, is ready to commence. As previously noted this measure is expected in due course to reduce materially the incidence of pulmonary tuberculosis.

Three years of domiciliary treatment of cases of the disease have passed, with at any time not less than one hundred patients under treatment ; patients who formerly kept the waiting list for admission to a sanatorium at three figures and who later occupied beds there for periods between six and twelve months. The results continue to show the effectiveness of such treatment where co-operation with family practitioners is good and where there is an efficient Home Nursing Service.

★ ★ ★

To ensure that this Report provides a full record of the Health Committee's work each year the Committee's reports to the City Council, in each case on matters of major importance, are included.

The result of the effort of the Health Committee to bring together as a unified service the Corporation's two health services was very disappointing.

The proposal to provide a new Maternal and Child Health Centre for Sneinton received the approval of the Ministry of Health and a starting date for April 1954 was given.

The facilities for the Meadows and Wilford districts received consideration and the Ministry of Health gave approval in principle to the erection at the junction of Wilford Road and Queen's Drive, of a similar Centre which will in addition meet the needs of the School Health Service in the area, and also provide 4 flats for home nurses and midwives.

Meantime, Rosebery House was vacated on the opening of the City Occupation Centre for Mental Defectives, and adaptations were planned to convert the building for use as a Maternal and Child Health Centre.

A measure of importance initiated by the Health Committee was rewarded by the adoption of Bye-laws which seek to prevent the dangerous habit of spitting and the unhygienic fouling of pavements by dogs.



In the report for 1950 attention was drawn to the need for information on the number and types of cases of all illnesses which cause loss of working time and for which sickness benefit is claimed.

The Ministry of National Insurance has since its inception been compiling figures for the entire country, which figures were recently published in a "Digest of Statistics in Analysing Certificates of Incapacity during 1950."

This step, the initial one, is to be followed by a break down, as far as practicable, from national aggregates to totals for areas, though very considerable practical difficulties have to be overcome ; for instance, administrative areas for matters of national insurance do not necessarily correspond to administrative areas for local health purposes.

Nevertheless, the steps so far covered and the attempts to provide suitable classifications are very sound indications of the developing national policy towards prevention.

★ ★ ★

Not the least happiest event of the year, arising from the most significant event—Her Majesty's Coronation—was the award to Miss I. Strickson, S.C.M., of a Coronation Medal in recognition of 16 years continuous service with the Domiciliary Midwifery Service of this City. During her entire nursing career of 26 years Miss Strickson has brought into the world more than 5,000 children.

Our warmest congratulations go to Miss Strickson.

WILLIAM DODD.

1st February, 1954.

HEALTH DEPARTMENT,
HUNTINGDON STREET,
NOTTINGHAM.

PART I

VITAL STATISTICS

VITAL STATISTICS*

GENERAL

POPULATION	..	..	..	..	..	..	310,700
AREA IN ACRES	..	..	..	..	..	..	18,364
AVERAGE NO. OF PERSONS PER ACRE				..	..	..	16.9
NO. OF MARRIAGES—CHURCH	1,609,	REGISTRY OFFICE	1,168		..	..	2,777

BIRTHS

Live

LEGITIMATE	..	Males	2,500	Females	2,384	..	4,884
ILLEGITIMATE	..	„	183	„	155	..	338
				Total	..	..	5,222
Birth-rate per 1,000 of population	..	..	..	..	..	..	16.81

Still

LEGITIMATE	..	Males	51	Females	46	..	97
ILLEGITIMATE	..	„	2	„	2	..	4
				Total	..	..	101
Stillbirth-rate per 1,000 births (live and still)	..	..	..	..	..	..	18.97

DEATHS

All Causes

Males	..	1,605	Females	..	1,700	Total	3,305
Death-rate per 1,000 of population	..	..	..	..	..	..	10.63

Maternal Mortality

Rate per 1,000 births (live and still)	..	..	..	..	..	..	0.56
---	----	----	----	----	----	----	-------------

Infant Mortality

No. of Deaths of Infants under 1 year	..	..	..	..	..	..	137
Rate per 1,000 relevant live births :							
Illegitimate	..	..	..	..	..	..	33
Legitimate	..	..	..	..	..	..	26

* Provisional, See page 15.

ANALYSIS OF DEATHS FROM BIRTH TO 5 YEARS

DEATHS OF INFANTS

Birth to 1 year

CAUSES OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	TOTAL UNDER 1 MONTH.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	TOTAL DEATHS UNDER ONE YEAR.
CERTIFIED	70	4	4	3	81	20	20	11	3	135
UNCERTIFIED	2	—	—	—	2	—	—	—	—	2
Hæmolytic Disease of Newborn	2	—	—	—	2	—	—	—	—	2
Measles	—	—	—	—	—	—	—	1	1	2
Whooping-Cough	—	—	—	—	—	1	2	—	1	4
Bronchitis	—	—	—	—	—	1	2	1	1	5
Pneumonia (all forms)	—	1	1	1	3	9	7	5	—	24
Diarrhœa and Enteritis	—	—	—	—	—	2	3	—	—	5
Difficulty or Injury at Birth	12	—	1	—	13	2	—	—	—	15
Atelectasis	5	—	—	—	5	—	—	—	—	5
Premature Birth	47	—	1	—	48	1	—	—	—	49
Congenital Malformations	4	2	1	1	8	3	3	2	—	16
Atrophy, Debility and Marasmus	—	—	—	1	1	—	—	—	—	1
Other Causes	2	1	—	—	3	1	3	2	—	9
TOTALS	72	4	4	3	83	20	20	11	3	137

DEATHS OF CHILDREN

1—5 years

CAUSES OF DEATH	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	Total
Respiratory infections ..	2	1	—	—	3
Other infections ..	—	1	—	—	1
Tuberculous meningitis ..	1	1	1	—	3
Abdominal emergency ..	1	—	1	—	2
Accident (a) Motor ..	—	—	—	1	1
(b) Other ..	1	—	1	—	2
Other conditions ..	3	3	2	1	9
TOTALS ..	8	6	5	2	21

POPULATIONS, BIRTH, DEATH, INFANT AND MATERNAL MORTALITY RATES

	Estimated Population	Birth-rate	Death-rate	Infant	Maternal
		per 1,000 living		Death-rate per 1,000 births	
1851-1855 ..	55,883	—	—	—	—
1856-1860 ..	59,741	36·8	27·2	209	—
1861-1865 ..	75,765	34·8	24·9	192	—
1866-1870 ..	88,040	31·3	23·8	200	—
1871-1875 ..	89,510	34·1	24·9	192	—
1876-1880 ..	142,756*	34·6	21·7	175	—
1881-1885 ..	208,937*	36·6	20·9	174	—
1886-1890 ..	229,762	30·4	17·9	168	—
1891-1895 ..	219,770	29·5	18·3	174	—
1896-1900 ..	235,200	28·9	18·5	191	—
1901-1905 ..	246,020	27·7	17·2	170	—
1906-1910 ..	260,483	26·1	15·8	152	4·54
1911-1915 ..	264,316	22·9	15·1	137	3·66
1916-1920 ..	264,151	19·1	16·0	113	4·66
1921-1925 ..	268,900	20·4	12·9	90	3·34
1926-1930 ..	266,000	17·5	13·6	88	3·78
1931 ..	270,900	17·2	13·6	82	4·1
1932 ..	270,700	16·4	12·5	80	3·0
1933 ..	283,030†	15·8	13·4	85	3·5
1934 ..	281,850	15·6	12·3	69	2·4
1935 ..	280,200	15·7	12·5	81	4·4
1936 ..	279,400	15·2	13·2	89	4·5
1937 ..	278,800	16·0	13·4	80	2·8
1938 ..	278,300	15·6	12·7	71	1·8
1939 ..	278,800	15·8	13·3	66	1·3
1940 ..	263,600	16·5	15·5	61	2·7
1941 ..	258,100	16·0	14·0	80	2·8
1942 ..	255,900	18·2	13·1	62	2·5
1943 ..	265,400	19·1	14·3	65	1·38
1944 ..	262,310	21·7	13·3	56	·85
1945 ..	265,090	19·7	12·9	53	1·33
1946 ..	283,160	22·0	12·5	42	1·09
1947 ..	291,150	23·9	12·3	50	1·26
1948 ..	296,900	19·8	10·9	44	·49
1949 ..	300,640	18·9	11·8	38	·51
1950 ..	307,000	17·4	11·1	31	·37
1951 ..	306,008	16·71	11·89	33	·38
1952 ..	306,600	16·66	10·35	29	·38
1953	310,700†	16·81	10·63	26	·56

* Borough Boundary Extension.

† City Boundary Extension.

FINAL STATISTICS for 1953

POPULATION (Registrar General's Estimate for Mid year) .. 311,500

BIRTHS

LIVE BIRTHS

Legitimate	Males	2,486	Females	2,333	..	Total	4,819
Illegitimate	„	197	„	169	..	„	366
Total Live Births	..	..	..	..	..	..	5,185
Birth-rate per 1,000 of population	..	..	..	..	..	..	16·64
Excess of Births over Deaths	..	..	..	..	..	..	1,755

STILL BIRTHS

Legitimate	Males	50	Females	47	..	Total	97
Illegitimate	„	6	„	4	..	„	10
Total Still Births	..	..	..	..	..	..	107
Stillbirth rate per 1,000 births (live and still)	..	..	..	..	..	..	20·22

DEATHS

ALL CAUSES

	Males	1,689	Females	1,741	..	Total	3,430
Death-rate per 1,000 of population	..	..	..	..	..	..	11·01
MATERNAL MORTALITY RATE	..	..	..	..	..	..	0·77

INFANT MORTALITY

No. of deaths of Infants	..	..	..	..	..	..	140
Rate per 1,000 relevant live births	..	..	..	..	..	..	27·00
„ for Legitimate children	..	..	..	..	..	..	27
„ „ Illegitimate	„	..	..	..	..	..	30

ANALYSIS OF DEATHS, 1953

NOTTINGHAM

Total Deaths	3,430
Deaths under 1 year	140
„ 1— 5 years	21
„ 5—45 „	223
„ 45—65 „	826
„ 65 and over	2,220
Causes of Deaths :—	
*Heart disease	545
Vascular lesions of nervous system	449
*Malignant and lymphatic neoplasms	303
Defined and ill-defined diseases—various	300
Coronary disease, Angina	299
Bronchitis	291
Pneumonia	225
*Circulatory disease	142
Malignant Neoplasm, Lung, Bronchus	102
Hypertension with Heart Disease	98
Malignant Neoplasm, Stomach	92
Tuberculosis, Respiratory	84
Accidents, other than motor vehicle accidents	71
Malignant Neoplasm, Breast	51
Influenza	44
Ulcer of stomach and duodenum	42
Suicide	39
*Diseases of respiratory system	29
Nephritis and Nephrosis	27
Hyperplasia of Prostate	27
Diabetes	26
Malignant Neoplasm, Uterus	25
Congenital Malformations	23
Gastritis, Enteritis and Diarrhoea	22
Motor Vehicle Accidents	18
Other infective and parasitic diseases	14
Syphilitic Disease	13
Leukaemia, Aleukaemia	8
Tuberculosis, non respiratory	8
Whooping Cough	4
Pregnancy, Childbirth, Abortion	4
Meningococcal Infection	2
Acute Poliomyelitis	2
Homicide and operations of war	1
Diphtheria	—
Measles	—
Typhoid and Paratyphoid Fevers	—
Puerperal Cases (Non septic)	—

*Not given otherwise in table.

PART II

PERSONAL AND SOCIAL HISTORY

1. Name

2. Age

3. Sex

4. Race

5. Education

6. Occupation

7. Marital Status

8. Religion

9. Social Class

10. Family History

PART II.

PERSONAL HEALTH SERVICES

National Health Service Acts 1946-1952

HEALTH CENTRES

MATERNAL AND CHILD HEALTH

PREVENTION OF ILLNESS, CARE AND
AFTER-CARE :

IMMUNISATION AND VACCINATION

HOME SERVICES :

HOME NURSING SERVICE

HOME HELP SERVICE

MENTAL HEALTH

CITY AMBULANCE SERVICE

HEALTH CENTRES

JOHN RYLE HEALTH CENTRE

This Centre which was opened in October 1952 supplies the general medical needs of residents of the Clifton Estate. About 2,000 houses were completed by December and there were some 7,000 residents.

In general the houses are occupied by young families whose medical needs differ from those living in older parts of the City.

All the arrangements as visualised with the Executive Council before the opening of the Centre have worked well with little or no adjustment. Morning and evening surgeries are held by one or other member of each of the four firms working in the Centre, and with the growth of the population the numbers of patients on the practitioners' list have increased. Registration has been slower than was anticipated ; in many cases members of families delayed making arrangements for their medical care until actual need presented.

Besides the members of the firms practising from the Health Centre, there is one other doctor resident and practising on the estate, while during the year the Executive Council permitted a new entrant to the Medical List to live and practise there.

At this stage it would be premature to comment further on the working of the Centre.

MATERNAL AND CHILD HEALTH

For the first time since 1947 there was an increase in the birth rate, which was associated with a rise in the number and proportion of home confinements.

Live Births. There were 5,222 births notified representing a provisional rate of 16·8 ; the number of births increased by 114 compared with 1952.

There were 338 illegitimate births ; 9 less than in 1952.

Stillbirths. There were 101 stillbirths representing a stillbirth rate of 18·97 per thousand live and stillbirths ; the lowest figure ever recorded in the City.

An analysis of the weights of the stillborn infants shows that 48% were below 5½ lbs., as compared with 61% in 1952.

Year	Birth Rates			Stillbirth Rates		
	Nottingham	England & Wales	Great Towns	Nottingham	England & Wales	Great Towns
1944 ..	21·7	17·5	20·3	26·6	28·0	30·6
1945 ..	19·7	16·1	19·1	23·9	28·0	29·5
1946 ..	22·05	19·2	22·2	22·69	27·0	29·3
1947 ..	23·9	20·6	23·0	21·9	24·0	25·9
1948 ..	19·82	17·9	20·0	23·3	23·0	25·3
1949 ..	18·9	16·7	18·7	19·9	22·7	24·4
1950 ..	17·47	15·8	17·6	19·5	22·6	24·8
1951 ..	16·71	15·5	17·3	21·81	22·9	25·4
1952 ..	16·66	15·3	16·9	22·58	22·6	24·6
1953 ..	16·81	15·4	17·5*	18·97	22·4	24·7*

* First three quarters.

Premature Births. Of the total live births 401 or 7·7% were premature, an increase in the incidence during the year, for the rate for 1952 was 6·1%. There were 168 babies born prematurely at home and of these 51 were transferred to hospital ; the remaining 117 were nursed at home.

Infant Mortality. Deaths of infants under the age of 1 year numbered 137, representing an infant death rate of 26·24 per thousand live births. It is very satisfactory to note that this rate is now below that for England and Wales as well as that for the Great Towns. During the past 5 years the *number* of infant deaths in the City has so decreased that the figure for 1953 is 124 less than that for 1948 ; a reduction of 41%.

The illegitimate death rate was 32·54 per 1,000 illegitimate births compared with legitimate infant death rate of 25·8 per 1,000 legitimate births ; a considerable narrowing of the difference between these two rates.

Year	Nottingham	England & Wales	Great Towns
1944	56	46·0	52·0
1945	53	46·0	54·0
1946	42	43·0	45·0
1947	50	41·0	47·0
1948	44	34·0	42·9
1949	38	32·0	37·0
1950	31	29·6	34·0
1951	33	29·7	34·0
1952	29	27·6	31·2
1953	26	26·8	31·2*

* First three quarters.

The fall in the infant death rate was due mainly to a reduction in the neo-natal deaths, but the deaths between 4 weeks and 1 year of age also decreased as shown :—

	Death rates per 1,000 live births	
	Under 1 month	From 1 month to 1 year
1948	20·5	23·5
1949	16·0	22·0
1950	16·9	13·7
1951	20·73	11·9
1952	18·21	10·57
1953	15·39	10·34

Deaths of Infants — Causes and Rates

	1949	1950	1951	1952	1953
All Causes	Total Death Rate				
	38	31	33	29	26
Individual Causes	Proportionate Death Rate				
Respiratory Diseases	13.5	7.46	7.8	5.2	5.7
Diarrhoea and Enteritis	6.6	2.35	.2	.8	.9
Congenital Malformations	4.0	5.23	5.1	4.7	3.0
Prematurity	5.4	7.19	11.9	10.2	9.4
Atrophy, Debility, Marasmus and Atelectasis	4.3	2.25	1.7	1.4	1.1
Birth Injury	1.4	.93	1.7	2.8	2.9
Other Causes	2.8	5.59	4.6	3.9	3.0

Respiratory infections still account for approximately half of the deaths of children between 4 weeks and 1 year. The table on page 13 also shows that half of the deaths from congenital malformations occurred in this age group. The number of deaths between 1-5 years dropped by one-third to 21, of which three were attributable to accidents.

Neo-Natal Mortality. Deaths of infants under one month numbered 83—a neo-natal mortality rate of 15.89. Of these babies 87% died in the first week of life.

Neo-natal deaths expressed as percentages of Total number.

Principal Causes	1949	1950	1951	1952	1953
Prematurity	31.2	41.76	57.55	55.91	57.83
Congenital Malformations	19.4	25.27	16.98	12.9	9.64
Atelectasis	23.6	12.09	6.6	6.45	6.02
Birth Injury	7.53	5.49	6.6	15.05	15.66
Combined percentage ..	81.73	84.61	87.73	90.31	89.15

Since 1950 the proportion of deaths from congenital malformations and atelectasis greatly decreased, whereas the proportion of deaths from prematurity and birth injury increased and now accounts for 73.5% of neo-natal deaths.

Deaths of Premature Babies. The table shows the mortality of premature babies born at home and in hospital according to birth weights :

Birth weight	Born at home							Born in hospitals and nursing homes		
	No. born	Transferred to hospital			Nursed at home			No. born	No. died	%
		No.	Died	%	No.	Died	%			
Up to & incl. 2 lb. 3 oz.										
2 lb. 3 oz.—3 lb. 4 oz.	14	11	6	54.5	3	3	100	38	26	68.4
3 lb. 4 oz.—4 lb. 6 oz. . .	25	25	7	28.0	—	—	—	44	6	13.6
4 lb. 6 oz.—4 lb. 15 oz. . .	30	8	2	25.0	22	—	—	55	7	12.7
4 lb. 15 oz.—5 lb. 8 oz. . .	99	7	2	28.6	92	4	4.3	96	5	5.2
TOTALS	168	51	17	33.3	117	7	6.0	233	44	18.9

The neo-natal mortality rate per thousand premature babies was 147.13, compared with 4.98 for mature infants ; the figures for 1952 were 168.8 and 8.3.

The death rate from 4 weeks to 1 year was 22.44 for premature and 9.33 for mature infants.

DOMICILIARY MIDWIFERY SERVICE

The retirement, after 25 years' service, of the non-medical supervisor of midwives, referred to in last year's report, was quickly followed by the retirement of her colleague, who had served for 21 years. In making the appointments for replacements it was decided not to perpetuate the system of divided responsibility, and the appointments were made on the basis of a non-medical supervisor of midwives and an assistant supervisor.

At the beginning of the year, following a period when recruitment was slow, there were only 32 midwives. However, by mid-year there was the equivalent of 37 full-time midwives on the staff. This was fortunate, for the birth rate rose from 16·71 to 16·81. City midwives conducted 2,680, or 52% of the confinements, an increase of 166 and a continuation of the upward trend noted last year. Medical practitioners were booked for maternity medical services by 1,251 women—an increase of 255—the doctors actually being present at 363 deliveries, the midwife acting as maternity nurse. In addition to the nursing of those delivered at home, 154 women admitted to hospital on account of abnormality returned home shortly after delivery to the care of the midwife originally booked. The proportion of unbooked cases has remained remarkably constant in recent years ; 57 such cases occurred, representing 2·1% of the total home deliveries.

Domiciliary midwives were present at all the ante-natal sessions held at the welfare centres of their districts. A commencement has been made in the attendance of the midwives of one district at a general practitioner obstetrician's ante-natal clinic.

Refresher Courses. Post-graduate refresher courses were attended by 4 midwives ; 2 at London, 1 at Birmingham and 1 at Leeds. A short course on "The preparation for motherhood" at the Lordswood Maternity Home, Birmingham, was attended by 8 midwives as part of their preparation for instructing mothers in relaxation exercises.

District Training. District training was completed by 36 pupil midwives from the Firs Maternity Hospital ; there are 16 midwives approved as district teachers.

Hospital Confinements for Social Reasons. The demand continued ; 393 confinements—17·4% of the hospital's total number—took place in hospital. This percentage was actually lower than for the past 5 years.

Gas and Air Analgesia. The number of women delivered by the City midwives availing themselves of the analgesia steadily increased ; the percentage being 59 as compared with 50 in 1952 and 44 in 1951.

Medical Aid. City midwives called medical aid to mothers in 30·4% of confinements compared with 25·1% in 1952 and 30·3% in 1951. A noticeable alteration in the reason for the calls was the increase in ante-partum hæmorrhage and in the number of cases of premature labour.

Maternity Emergency Service. The obstetric flying squad from the City Hospital continued to render valuable service for emergency treatment in the home and was summoned for 21 cases :

Retained placenta	9
Post-partum hæmorrhage	10
Obstetric shock	2
	— 21

Hospital Admission. By arrangement with the City Hospital certain cases were, as before, admitted directly from City midwives. As a result of the agreement with the obstetricians on the categories of women in premature labour who would be admitted automatically, and because of an increase of ante-partum hæmorrhage, there was a sharp rise in the number of admissions from midwives during the year.

Consultant Clinic. The number of women referred by medical officers of the City clinics to the weekly consultant clinic at Edwards Lane Welfare Centre was 416.

Mass Miniature X-Ray Examination. The number of women referred to the Chest Radiography Centre was 2,480, of whom 89% attended. Of the total, 88 were cases of general practitioners.

Dental Care. The arrangements made with the General Dispensary continued whereby 1 session a week was devoted to mothers. The number of women who took advantage of this service was 245, being 9.7% of the mothers attending the ante-natal clinics. There was a rise of 39 in the total number of those attending compared with 1952.

Blood Examination. A pilot survey, commenced in 1952, to determine the hæmoglobin level in the blood of expectant mothers at various stages of pregnancy, was completed. The records of about 114 expectant mothers who were placed in 4 groups were carefully studied. In 3 of the 4 groups a daily prophylactic dose of 9 grains of ferrous sulphate was administered, commencing at the 16th, 20th or 24th week of pregnancy, while in the fourth, a control group, no iron was exhibited.

A preliminary analysis of the results shows that the hæmoglobin level was maintained in those receiving the prophylactic dose.

A good deal of statistical analysis yet remains in order that a study on a larger scale can be initiated.

Home Care of Premature Babies. This service continued to be of great value ; 4 specially trained midwives—2 full-time and 2 part-time—being occupied as premature baby midwives.

Of 168 premature babies born at home 51 were transferred to hospital. An increase of 28 which occurred in the number of premature births was almost entirely confined to the 4 lbs. 15 oz.—5 lbs. 8 oz. group.

The number of babies born at home and transferred to hospital for nursing has nearly trebled during the past 3 years. At the same time, an increasing number of babies born in hospital were sent home to the care of the premature baby midwives, the number being 113 in 1953 compared with 72 in 1952 and 22 in 1951. A total of 3,456 visits was paid.

As is shown in this report, prematurity is responsible for a high percentage of still-births and neo-natal deaths, to combat which an extension of the special care of premature babies is necessary.

Mortality and Morbidity. There were 3 maternal deaths during the year ; 1 woman died at home, shortly after delivery, from obstetric shock and post partum hæmorrhage. This case was unbooked and unattended and skilled assistance was summoned too late to be of any avail.

One death occurred in hospital and was due to syncope occurring in the first stage of labour in a full term pregnancy.

In the third case a woman died from uræmia and chronic nephritis attributed to toxæmia of pregnancy which occurred 10 years previously.

The number of notified cases of puerperal pyrexia was 57.

Notified cases of ophthalmia neonatorum showed a further decrease ; 5 cases were notified compared with 13 in 1952 and 26 in 1951. There was no impairment of vision in any baby.

GENERAL STATISTICS

Total No. of confinements	..	..	..	5,156
Confinements in hospital	..	..	..	2,262
" at home	..	..	..	2,693
" attended by City Midwives			2,680	
" " " private midwives			13	
" in nursing homes..	..	..	..	201

WORK OF THE CITY MIDWIVES

Home births (single multiple and stillbirth)—				
No. of babies delivered—as midwives	..	..	..	2,374
" " " " —maternity nurses	..	..	..	355
				———— 2,729
Visits to Mothers—				
Ante-Natal	..	..	..	17,957
Post-Natal	..	..	..	52,428
Special	..	..	..	3,527
				———— 73,912

SUPERVISORS OF MIDWIVES

Visits to midwives and inspection of midwives' records and equipment	..	..	..	162
Inspection of midwives in Nursing Homes	..	..	..	11
Special visits to homes in connection with :				
Expectant and nursing mothers	..	..	..	200
Stillbirths	..	..	..	6
Puerperal Pyrexia	..	..	..	17
Skin conditions	..	..	..	14
Interviews regarding hospital confinements	..	..	..	746

REQUIREMENTS OF CENTRAL MIDWIVES BOARD

Midwives—

Notifying intention to practise	..	..	..	154
Ceasing to practise in this area	..	..	..	37
Practising at the end of the year	..	..	..	117

Distribution :

Domiciliary Service	..	..	..	38
City Hospital	..	..	..	20
Firs Maternity Hospital	..	..	..	11
Women's Hospital	..	..	..	20
Highbury	..	..	..	13
Nursing homes and Nursing Co-operations..				11
Private Practice	..	..	..	4
				————

Midwives notifications to Local Supervising Authority—

Still-births—acting as midwives	..	..	22
„ „ maternity nurses	..	..	7
Deaths of infants—as midwives	..	..	5
as maternity nurses	..	..	5

Institution of artificial feeding :—

Domiciliary cases	..	..	..	..	198
Institutional cases	..	..	..	..	487
Liability to become a source of infection	..			..	40

Medical Aid Calls to Doctors from Midwives :—

	<i>City Midwives</i>	<i>Nursing Homes</i>	<i>Total</i>
To mothers	814	4	818
.. infants	273	4	277

Aid was sought for :—

	1951	1952	1953
Mothers—			
Ruptured perineum	329	320	360
Pyrexia	64	39	59
Abnormal presentations	12	18	22
Prolonged labours	62	60	65
Ante-partum hæmorrhage	34	15	56
Post-partum hæmorrhage	26	35	33
Retained placenta	26	27	27
Obstetric shock and collapse	6	6	8
Abortion and miscarriage	31	36	37
Phlebitis	15	13	11
Stillbirths	6	8	29
Premature labours	8	8	30
Other conditions	54	57	76
	673	642	814
Infants—			
Prematurity	18	30	25
Asphyxia and cyanosis	—	17	15
Jaundice	6	4	12
Deformity	16	6	9
Skin conditions	7	9	13
Eye Discharges	10	82	149
Other conditions	64	46	39
Sent to Eye Infirmary for advice	51	10	11
	172	204	273

ADMITTED TO CITY HOSPITAL DIRECT FROM CITY MIDWIVES

Mothers—

Premature labours	14
Ante-partum hæmorrhage	20
Threatened abortion	6
Toxæmia	2
Prolonged labour	4
Malpresentation	1
Prolapsed cord	1
Unbooked social emergency	2
	50

MATERNAL MORTALITY

Deaths in domiciliary confinements	1 from obstetric shock and post partum hæmorrhage.
Deaths in hospital	1 from syncope in first stage of labour at full term.
	1 from uræmia and chronic nephritis attributed to toxæmia 10 years ago.

PUERPERAL PYREXIA

Cases Notified	Arising in		Nursed at home	Admitted to hospital	Age Groups			
	Hospital	Home			15—20	20—25	25—35	35—40
57	36	21	14	7	7	19	26	5

OPHTHALMIA NEONATORUM

Cases notified	5
Domiciliary confinements	4
Institutional	1

In connection with the above, 20 home visits were paid ; eye conditions other than ophthalmia neonatorum necessitated 646 visits.

— HEALTH VISITING —

Staff. On 1st January, the staff numbered 27 full-time health visitors, while during the year there was one resignation and two health visitors joined the staff on completion of their training. In order to relieve the health visitors of as many unskilled duties as possible, clinic nurses have assisted at a number of clinic sessions, and a staff of part-time clerks has been built up. The services of a small number of voluntary workers have been welcomed.

Home Visiting. The average case load of the health visitor in December was 815 under the age of five years. This is less than in 1952, but still far above the recommended case load. The policy continued of concentrating home visiting on the susceptible children under one year.

The number of home visits both to children under 1 year and aged 1-5 years increased.

Home Visits			1952	1953
Primary visits	..	..	4,984	5,105
Revisits under 1 year	..	..	34,519	39,722
„ 1 — 5 years	..	..	40,244	41,920
Other visits	..	..	788	725
Total No. of home visits			80,535	87,472
“ No access ” visits			14,672	15,476

Although the National Health Service Act 1946 extended the Health Visitors' duties to include advice on health to the whole family as well as care and after-care, staff shortages have meant that these new duties have developed slowly. Each health visitor visited an average of 568 families in her area.

Health Visitor Training Centre. Following the decision of the University of Nottingham to discontinue the Health Visitor Training Course at the end of the 1952/53 session, it was agreed that the Course should be run jointly by the City of Nottingham

and Nottingham County. It is still associated with the University, being accommodated in the Adult Education Centre. The syllabus has been reviewed and increased time allowed for case work and practical experience. This new Course started in October, and a total of 15 students has been accepted ; of these 11 are being trained for the City, 2 for Nottinghamshire and 2 for Derbyshire.

Maternal and Child Health Centres. The steadily increasing population on the Clifton Estate necessitated holding an additional session for children at the John Ryle Health Centre ; this session is conducted by a health visitor ; a medical officer holds one clinic for children and one ante-natal clinic.

Centre Attendances. The number of individual children under the age of one attending the centres was slightly higher than in 1952, while the number of children over one year again decreased. These attendances no doubt reflect the extent of home visiting to the different age groups.

A review of attendances shows that approximately 66% of the children under one year attended the centres but between the ages of 1 and 5 years the percentage fell to an annual average of 32% ; the figures for 1952 were 70% and 37%.

Attendances of new mothers at ante-natal clinics numbered 2,538 ; 867 women were examined post-natally.

Ante-Natal Relaxation Class. The weekly relaxation class at Huntingdon Street Centre continued throughout the year, and was conducted by a part-time physiotherapist ; there was an average attendance of 9 mothers per session. This is a decrease compared with 1952 but mothers attended more regularly. An appointment system was introduced in April and this has been helpful. A health visitor attends each session and gives explanatory talks on the normal progress of labour.

Mothercraft Teaching. The Deputy Superintendent Health Visitor is responsible for organising mothercraft and health teaching by the health visitors at the Maternal and Child Health Centres. All student health visitors receive teaching in voice production, the technique of group discussion and the preparation of practical demonstration and visual aids. Particular emphasis is laid on the teaching at ante-natal clinics, but it has been possible this year to expand the work to the children's clinics, and every effort has been made to increase the demonstration material available for this side of the work.

A new development has been mothercraft teaching at the First Maternity Hospital. These talks are given in conjunction with the relaxation class and at one of the ante-natal clinics.

Dental Care. Through the organisation of the School Dental Service, a dentist provides regular treatment sessions including conservative for pre-school children referred from Maternal and Child Health Centres and Day Nurseries. Children who have had treatment are recalled every six months for inspection, and half-yearly inspection of all children over two years attending the Day Nurseries is also carried out.

Treatment :

Number of extraction sessions	..	..	27
„ „ filling sessions	..	..	3
„ „ cases treated	..	..	522
Temporary teeth extracted	..	..	1,189
„ „ filled	..	..	30
Attendances for treatment	..	..	629
General anæsthetics given	..	..	582
Other operations	..	..	15
X-rays	..	..	2

Half-yearly Inspection :

Number of inspection sessions	..	..	2
„ „ children inspected	..	..	159
Not requiring treatment	..	..	133
Requiring extractions	..	..	26
„ fillings	..	..	—

CONSULTATION CLINICS.

Paediatric. The weekly session at Huntingdon Street Centre continued and is of great value for difficult cases ; a total number of 124 children was referred.

Ear Nose and Throat. At this clinic held monthly at Edwards Lane Centre the consultant examined 137 children and made recommendations as under :—

For operation	..	..	..	..	85
No treatment	..	..	..	..	23
For review	..	..	..	..	4
Referred to private doctor, hospital, etc.	..	..	..	..	25

Orthopaedic. The number of children referred to the Orthopaedic Clinic for treatment was 550, the main conditions being :—

Knock-knees, flat feet and bow legs	..	..	..	..	429
Congenital deformities	..	..	..	..	95
Paralysis	..	..	..	..	4
Rickets	..	..	..	..	0
Other conditions	..	..	..	..	22

Transport for Health Visitors. In May the Corporation provided 3 Douglas Vespa auto-cycles for the use of health visitors, and in November a second health visitor was granted a car allowance. The provision of transport has been of great benefit to health visitors whose districts extend over a wide area owing to a lower density of the population in the outskirts. In such districts buses are often infrequent and their route necessarily restricted. Health visitors so equipped have been enabled not only to carry out their work with considerably reduced physical strain, but owing to the saving in travelling time their districts have been more adequately covered, and in some cases the boundaries of their districts have been extended to include areas which had been inadequately covered by a colleague on foot.

— DAY NURSERIES —

Throughout the year the nurseries were fully staffed, each having a matron, a deputy matron and the permitted establishment of nursery nurses or nursery assistants. Where the latter did not possess the certificate of the National Nursery Examination Board they were replaced by nursery nurses as vacancies occurred ; only 8 nursery assistants remain. Resignations of deputy matrons amounted to three and in each case a nursery nurse was promoted to fill the vacancy.

There were 14 first year and 13 second year nursery students in the 7 training nurseries throughout the year.

Places. In the 9 nurseries there are 139 approved places for children up to 2 years of age and 214 for those from 2 to 5 years of age. This is an increase of 4 and 9 and was possible on the completion of structural alterations at Dowson Nursery. Allowance is made for the daily absences which are inevitable in this age group by maintaining children on the register above the number of approved places ; this additional number is largely governed by the space available for the child's individual equipment and varies from 5-15% according to the nursery.

Priority for Admission. There was a marked increase in the number of children accommodated for a short period ; such need arises especially during confinements or the acute illness of parents, and a small number of children were admitted for medical reasons.

Admission to the nurseries was restricted to cases of social need and although the aim was to admit urgent cases immediately, most nurseries had a small priority waiting list. The reasons for admission were as follows :—

	1952	1953
Mother sole breadwinner	41%	30%
Family income insufficient	19%	19%
Parent disabled, in prison or suffering from chronic illness	7%	9%
Living under bad housing conditions ..	24%	21%
Mother in essential employment, e.g. nurse, teacher	6%	6%
Temporarily accommodated on special requests	3%	15%

Nursery Closure. The Dowson Nursery was closed for a period of 9 weeks for structural alterations and redecoration ; the children were temporarily transferred to other nurseries.

Sickness. Heathcoat Street was the only nursery in which dysentery occurred. The first outbreak occurred in March starting with the illness of a 22 month old child and spreading to 11 other children aged 1-5 years.

At the end of November, 3 members of the staff were affected with the same condition. All cases were excluded from the nursery and were only re-admitted after three consecutive negative swabs had been received from them.

Most of the nurseries were in quarantine for varying periods. The incidence of most of the infectious diseases was lower than last year, but three times the number of cases of measles occurred :

Sonne Dysentery	12
Measles	90
German Measles	4
Chicken Pox	11
Mumps	2
Whooping Cough	12
Scarlet Fever	2

Attendances. Attendances in all age groups were higher than in 1952. One nursery was closed for a period for structural alterations and redecoration, as a result of which the number of approved nursery places was increased by 13 in mid-September.

Age Group	Average daily Attendance	Total No. of Places	
		Jan.—Mid Sept.	Mid Sept.—Dec.
0 — 6 months	14.5	29	29
6 months — 2 years ..	73.2	106	110
2 years — 5 years ..	164.9	205	214

Charges. Throughout the year the standard daily charge remained at 3/- with a reduction to not less than 2/- a day in cases of hardship.

Nursery Training Centre. A medical officer of the Health Department staff continued to give 2 sessions weekly to health teaching at the centre.

In July, 34 students were successful of the 38 who sat for the examination of the National Nursery Examination Board ; of the unsuccessful candidates, 3 passed in the September examination.

The Infant Care Certificate was awarded to all 3 students who entered for it.

When the new course opened in September, 43 students started training bringing the total number to 80. These students who are drawn from the City, parts of Nottinghamshire, from Long Eaton, Loughborough and Ilkeston, spend two days each week at the Training Centre and three days in nurseries and nursery schools.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

No child minders or private nurseries were registered under this Act.

— MOTHER AND BABY HOMES —

No. 1 QUEEN'S DRIVE

The home provides accommodation for 8 unmarried mothers with their babies, and during the year 30 expectant mothers were admitted. The average stay was 14 weeks and the mothers and babies remained until satisfactory employment and accommodation—either with relatives or in lodgings—were found. Every effort is made to encourage mothers to keep their babies, and last year there were 2 adoptions. In five cases the mothers left the home before their babies were born to return to their own homes. The health of the mothers and babies throughout the year was satisfactory.

The results of the work carried out :—

Mothers in the Home 1.1.53	6
Mothers who returned home with their babies..	10
" " went into lodgings with their babies	7
" " returned home undelivered ..	5
" " left with baby to get married ..	3
Mothers whose babies were adopted ..	2
" " baby was admitted to Children's Home	1
Mothers remaining in the Home 31.12.53 ..	8

THE HOLLIES, No. 8 MAPPERLEY ROAD

Alterations to this home were completed and it will open in January 1954. It will accommodate six mothers and their babies and two expectant mothers. The matron took up her appointment in the middle of December.

For exceptional reasons some mothers expecting illegitimate babies were accommodated in homes outside the City as follows:

St. Joseph's Roman Catholic Home, Borrowash ..	2
Quarry Maternity Home, Lincoln	2
Salvation Army Maternity Home, Mount Cross ..	1

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

A wide variety of subjects is grouped together under this heading. All sections of the Health Department were involved in the work, though many had their primary duties in other fields.

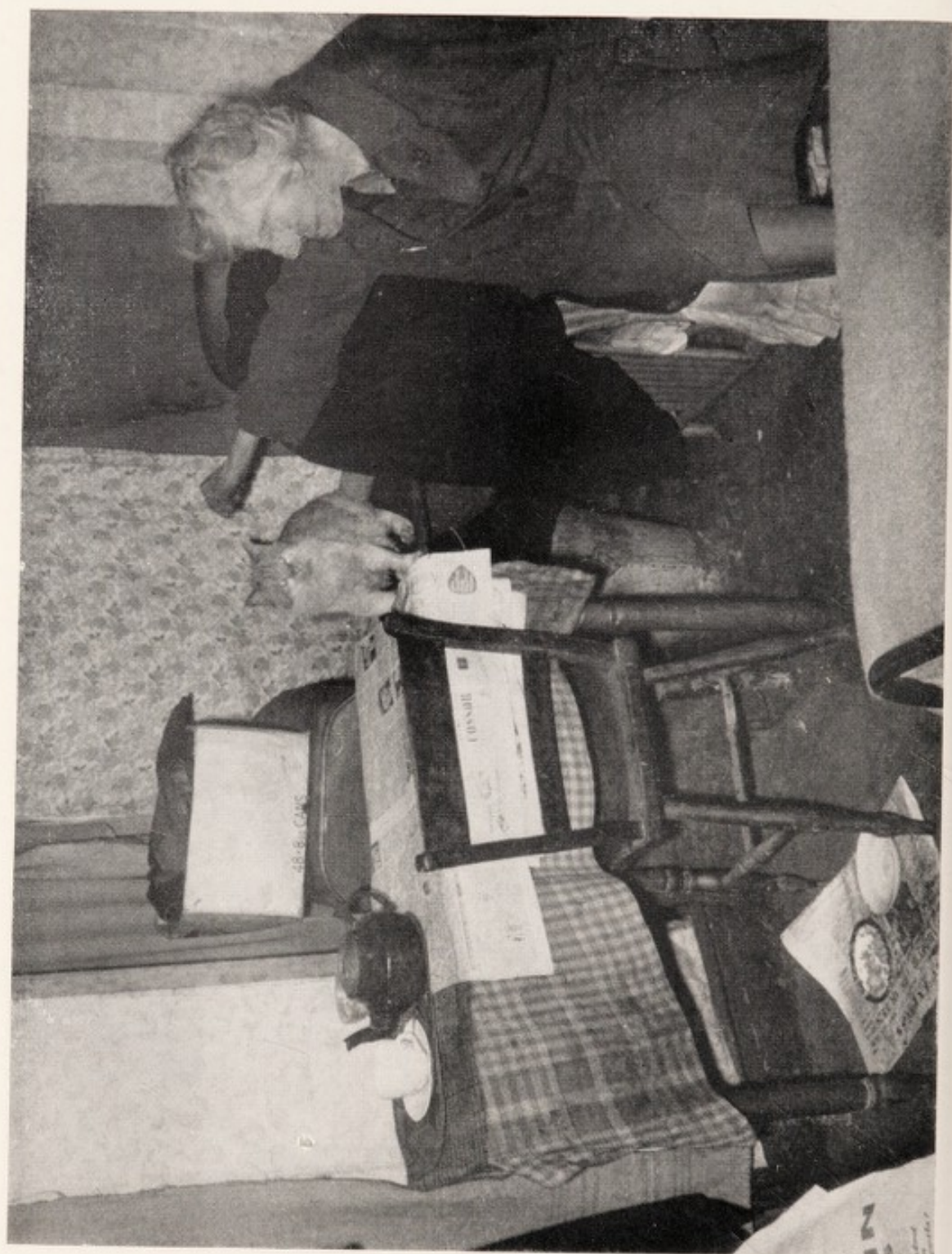
This branch of work was hampered by lack of social workers and almoners. The establishment was three full-time workers and at the beginning of the year there were two full-time and one part-time almoners but by the summer all had left. Almoners in general appear to have an irresistible desire to work in hospital with sick people and it therefore proved impossible to recruit others to take the place of those who had resigned.

Social workers, who have not so strong a bias towards hospital work and whose training equips them to play a valuable part in preventive work, have replaced the almoners and the exchange has proved satisfactory. It must, however, be said that not until December was the full complement reached, so in some respects the year's work was not representative. Essentials, of course, took priority ; with the full staff, much needed developments can now begin.

The ground covered by this section comprises the following :—

1. The needs of the aged.
2. Tuberculosis.
3. Venereal Diseases.
4. Convalescence.
5. Distribution of grants to cancer patients.
6. Loan of nursing equipment.







. OR THEIR SURROUNDINGS"



THE NEEDS OF THE AGED

The care of the older people of the community has become a separate section, though it has the closest connection with other branches of the Health Department. It has been realised that the care of older people has become more and more a public responsibility because of the increase in the proportion of older people in the population and because of the consequent decrease in the proportion of younger people able to care for their parents and elderly relations. The drive for the work of married women in factories, offices and shops has further reduced the younger people available.

Two aspects of the problem were clearly seen. First the elderly individuals who have broken down temporarily or permanently and who can no longer care adequately for themselves or their surroundings. This occurs largely in old people living alone, and the worst examples are seen in the last survivors of big families living in a Victorian house with large unheated rooms, alone day and night. There are also the old persons who cannot manage by themselves and who sell their home and go to live with a married son or daughter in a small house. The overcrowding causes much social disturbance, particularly among the adolescents of the family.

Secondly, the problem of the ageing population as a whole. Here it is necessary to try to prevent the ill effects of ageing and to keep the old person as a full member of society in his own home, mobile, useful and happy.

At present it is impossible to estimate the numbers involved in each group, but as an immediate step each individual case must be helped. The long term policy of prevention cannot bear fruit for several years.

During the year the following services were utilised :

Health Visitor Service. The principles established by the years of experience in maternal and child health work were applied to the care of the older people and a beginning was made by visiting difficult cases referred by general practitioners, voluntary bodies and other sections of the Department. The health visitor took action by enlisting the help of the appropriate agency and an arrangement was made with the Geriatric Unit at the City Hospital for a close liaison with the health visiting staff. This should prove of value in those for whom hospital admission is necessary and also in the follow-up of discharged patients.

Chiropody. It is well known that one of the commonest causes of immobility in the elderly is disability of the feet from lack of attention. Stiff joints and failing sight prevent the older person from cutting the toe nails, which become long and thick and, combined with corns and deformity, make walking painful and even impossible. This in turn leads to increased stiffness of the joints.

A scheme, on a small scale at present, has been inaugurated with the General Dispensary, where the patients are taken and returned home again by ambulance or car. A weekly session is held and eight patients attend ; arrangements have been made for continuing attendance at regular intervals.

So far, only the residents in the Corporation's Old Persons' flats have been treated, but this scheme will be extended when it gets under way.

Old Persons' Dwellings. A few years ago an arrangement was made between the Estates Department and the Health Department by which a warden was installed in a flat in a block

of old peoples' dwellings and charged with the general supervision of the health of the occupants. The warden is paid a small salary for the general supervision of the health of the occupants. Her duty is only to visit each flat morning and evening to assure herself that the resident is not in any difficulty ; in practice, she is the source of help of every kind. It is not easy to get women of the right type for this work and by no means all the flats are provided for yet, but the numbers of wardens are slowly increasing. The health visitor keeps a close contact with these wardens and is also of assistance in solving day to day difficulties, besides giving the wardens the sense of security which springs from the knowledge that expert help is close at hand.

Home Nursing and Home Help. These services, for each of which a separate report is given, spend well over half their energies on the elderly. In addition to the skilled work they do, the nurse or helper performs another function—they give the old person company for a time in a day of loneliness, and they stimulate interest in everyday life.

Voluntary Agencies. The Nottingham Council of Social Service has on numerous occasions given help through the means at their disposal.

Liaison has been established with several Community Centres and Boys' Clubs, which can provide help in emergencies in individual cases.

Often an old person has a cherished animal and a special debt of gratitude is due to the P.D.S.A. for its unfailing help when asked. For instance, an old lady had to go away for a few days' treatment but refused to do so unless her cats were cared for. The P.D.S.A. took charge of them and a happy reunion occurred when the treatment was completed.

Future Developments

The problems of the aged are usually social, not medical, and as such need many agencies to resolve them. The help given needs to be co-ordinated in every case and the machinery of the Health Department is available for this purpose.

It is not economical to permit a healthy adult to spend all day looking after one old person. A useful development would be a centre where a group of old people could spend the day together, in warmth and comfort, be given a good meal and be able to undertake some occupation under the supervision of a qualified occupational therapist. This venture would bring the twofold benefit of giving old people good surroundings during the day, with skilled care, and at the same time reduce the numbers of persons necessary to care for them.

At the close of the year a proposal was made by the Nuffield Regional Hospital Trust to establish in Nottingham an occupation centre in conjunction with the No. 3 Hospital Management Committee.

Beyond saying that the occupation centre is intended for aged psychiatric patients no further details can at this stage be published.

TUBERCULOSIS

The work of the Chest Centre has been steadily intensified in recent years as is shown in the number of "contacts" examined; 35 or 1·6% were found to be tuberculous, compared with 1·6% in 1952 and 2·6% in 1951.

Special attention was paid to the examination of contacts of persons who died of tuberculosis and were not notified during life.

Year	New Cases Confirmed	Contacts Examined	Found Tuberculous
1948 ..	651	802	32
1949 ..	581	924	34
1950 ..	517	858	29
1951 ..	506	1,087	28
1952 ..	459	2,138	34
1953 ..	534	2,171	35

Bacille - Calmette - Guerin Vaccination. A total of 494 vaccinations of contacts, mainly children, was carried out. It was only possible on a few occasions to board out children, due to the continued difficulty of finding suitable foster parents, so alternative arrangements were made for their segregation.

Rehousing. Recommendations to the Estates Committee for the rehousing of tuberculous families were made where the risk of spread was high, the risk to the community being the over-riding factor.

The work proceeded as in the previous two years, working on the larger allocation agreed by the Estates Committee in 1951. Since that date a total of 570 families were dealt with, 201 being the number for 1953.

While the waiting period for those in desperate need became less acute—in fact the number of justifiable claims is now small—difficulty arose in the rehousing of those who could only afford a low rental, and who therefore were obliged to wait several months before accepting a suitable house.

Care Committee. Weekly Care Meetings were held to discuss all kinds of problems and needs of patients under the care of the clinic. The Corporation Care Fund, together with a small voluntary fund, is administered by this committee.

More patients took advantage of the assistance available to them, and as more patients received the complete course of treatment at home assistance was provided for a greater length of time.

Throughout the year 1,020 families were helped and below is a summary of the type of problem. In many cases there was more than one difficulty. Where applicable all patients were assessed on the Health Department scale.

Milk at reduced price—2d. per pint	..	321
Referred to N.A.B. for allowances	..	298
Provision of bedding	.. ..	70
Loan of bed and mattress	.. ..	46
Loan of nursing equipment	.. ..	120
Domestic help —Home Help Service	..	59
Other help	.. ..	8
Clothing	.. ..	29
Employment	.. ..	126
Convalescence —sent away	.. ..	8
—not suitable	.. ..	14
Laundry grants	.. ..	6
Removal expenses	.. ..	3
Wireless installation	.. ..	2
Rent arrears and other debts	.. ..	3
		1,113
Other matters	.. ..	244
		1,357
TOTAL	.. ..	1,357

Other Assistance. The National Assistance Board gave much help in settling patients' allowances. The relief of anxiety is an important feature of the treatment of the tuberculous and nowhere is anxiety more prevalent than in financial matters.

Patients fit for work were referred to the Employment Exchange and more were found suitable employment than in the previous year. Those with open tuberculosis commenced only in occupations which were approved by both Medical Officer of Health and Chest Physician. A few patients took correspondence courses assisted financially by the Education Department, while some who were unfit for full employment were referred to the British Red Cross Society for occupational therapy.

The loan of nursing equipment, such as beds and bedding, was a useful adjunct and was lent free.

Domestic help played a part in the lives of tuberculous patients and the Home Help Department assisted where possible.

The Children's Department co-operated in the placement of children in homes while their mother had sanatorium treatment or was convalescing.

The Department appreciated help for patients through voluntary organisations such as the Women's Voluntary Service and the Council of Social Service. The former helped with clothing and in bringing children to the clinic when relatives were unable to do so.

The medical staff referred 22 patients for convalescence. Of these, 8 patients actually went away, and all benefited by their convalescence. There were two main reasons for the large proportion who did not go away : several patients had a relapse when the place was available and others were found to need a holiday not convalescent treatment. Three convalescent homes are willing to take non-infective tuberculous patients.

VENEREAL DISEASES

The principal object of the social worker is to ensure regular attendance of the women and child patients until diagnosis is established and in the case of infection, until treatment and tests of cure are finished.

Special attention is paid to expectant mothers, to women with early syphilis and to children. The number of patients attending Amberley House continued to decrease.

Numbers of Patients attending

<i>Year</i>		<i>Females</i>	<i>Boys under 15</i>	<i>Total</i>
1949	..	1,372	98	1,470
1950	..	1,254	135	1,389
1951	..	1,068	93	1,161
1952	..	949	71	1,020
1953	..	889	48	937

Pregnant women attending the Clinic

			1952	1953
Treated for syphilis	..	..	77	47
„ „ gonorrhoea	..	..	5	10
Attendances for non-venereal conditions	..	..	38	39
			— 120	— 96

Over a third of these women were not married to the putative father. This leads to many social problems which are met with the assistance of the Southwell Diocese Moral Welfare Workers, the Maternal and Child Health Department and the City Hospital. One of the Social Worker's duties is to ensure that all pregnant women attend an ante-natal clinic.

Children. It is important that infected mothers bring their children to the clinic for medical supervision and blood tests. The attendances were :—

Congenital syphilis	carried over to 1953	..	56
„	„	new cases	4
Acquired syphilis	.. ..	..	1
Routine tests	.. ..	..	53
— 114			

Early Cases. There were 6 cases of early syphilis and 57 of gonorrhoea in female cases.

Contact Tracing. All infected women were asked to encourage the man who was the source of the infection to attend the clinic ; over three quarters of the contacts of the new cases were known to be receiving treatment.

Visits to Defaulters. When a patient ceased to attend before cure, at least three letters were sent, after which a visit was made. This was certainly the most effective method of inducement and the persistent defaulters were few.

	Year	Percentage of Female Patients who ceased to attend	No. of visits made
Pre-war	1937 ..	23	—
	1938 ..	18·3	—
	1939 ..	16	—
Post-war	1948 ..	9	324
	1949 ..	5·6	417
	1950 ..	4·3	473
	1951 ..	2·9	513
	1952 ..	2·6	472
	1953 ..	3	360

CONVALESCENCE

The pattern of work followed in the convalescent scheme did not change in essentials. Fewer cases were referred than in 1952, but a higher proportion were actually sent away. In three cases convalescence was provided for both husband and wife at the same time.

Convalescence was arranged for patients who suffered an acute illness or who were recovering from an operation, to enable them to return speedily to their normal work.

More patients were referred by general practitioners on the recommendation of hospital medical staffs when patients were discharged.

Convalescence was arranged for 89 of a total of 121 patients who were sent to convalescent homes as follows :—

Regional Hospital Board Homes	..	..	72
Independent Homes	..	..	17

Regional Hospital Board homes at Skegness were easily accessible, and were used extensively as they provided maintenance free of charge to the Authority for 70 of 72 patients. The other two, a mother and her son aged nine, were sent to Felixstowe.

Persons ineligible for the Skegness Homes, for example elderly patients and patients with chest complaints during the winter months, were sent to independent homes, some to the South coast but mainly within easy reach.

The Department helped 18 patients financially with convalescence as follows :—

Maintenance and fares	..	..	..	10
Maintenance only	..	..	..	6
Fares only	..	..	..	2

In two cases the full cost of maintenance was paid and in fourteen cases part of the cost.

Admissions were arranged as follows :—

Independent Homes :

Hunstanton Convalescent Home	6
Sheffield Works Convalescent Association :	
Claremont House for Women, Matlock ..	3
Stubben Edge Hall for Men, Ashover ..	3
All Saints, Eastbourne	2
West Hill Convalescent Home, Southport ..	2
Thomas Banting Memorial Home, West Worthing	1
	17

National Health Service Homes :

Carey House, Skegness—women	45
Seely House, Skegness—men	25
Suffolk Convalescent Home, Felixstowe ..	2
	72

Reasons for Convalescence :

<i>Type of Disease.</i>	<i>Patients sent to National Health Service Homes.</i>	<i>Patients sent to Independent Homes.</i>
Respiratory ..	16	8
Cardiovascular	13	2
Digestive ..	12	2
Nervous and cerebral ..	1	1
Urinary ..	1	1
Reproductive	5	—
Rheumatism ..	6	1
Injury ..	2	—
General Debility	14	2
Endocrine ..	2	—
	72	17

CANCER GRANTS

The Department acts as agent for the National Society for Cancer Relief, and 21 patients received grants for extra nourishment and other comforts. Visits at two-weekly intervals were paid to those in receipt of grants, and not the least valuable factor was the assistance given by the social worker in various matters apart from the financial help.

LOAN OF NURSING EQUIPMENT

Small items were lent free from the Home Nursing Service ; large items, for which a quarterly charge was made, were delivered direct from the Health Department. Where necessary, both kinds of equipment were loaned free of charge to tuberculous patients from the Chest Centre.

Because of lack of staff, the quarterly visits to all households to which equipment was loaned were curtailed though as soon as the full establishment was reached again the visiting was brought up to date. These visits brought to light many other problems in which the social workers' advice was helpful and were a valuable method of keeping handicapped people in touch with the Department.

The numbers of loans are shewn in the tables on the opposite page.

Small Items

Article	From Home Nursing Service			From Chest Clinic		
	1951	1952	1953	1951	1952	1953
Air Rings	357	414	421	45	33	33
Bed pans	390	528	567	20	25	18
Back Rests	108	100	224	27	25	22
Barrier Outfits ..	24	461	490	—	—	—
Cradles	40	46	50	—	2	1
Crutches	6	3	10	—	—	—
Draw Sheets	14	189	186	—	—	—
Feeding Cups	9	11	54	—	—	—
Incontinent Gowns ..	—	50	40	—	—	—
Infectious Outfits ..	—	18	35	—	—	—
Mackintosh Sheets ..	365	480	517	5	4	13
Sorbo Cushions	—	34	73	—	—	3
Syringes 5.c.c.	204	471	490	—	—	—
Syringes 2.c.c.	3	6	35	—	—	—
Urinals	155	261	242	4	18	11
TOTALS	1,675	3,072	3,434	101	107	101

Large Items

Article	From Health Dept.			From Chest Clinic		
	1951	1952	1953	1951	1952	1953
Air Beds	10	11	8	1	3	1
Bed Tables	7	3	6	4	3	5
Bedsteads	11	13	23	48	37	21
Commodes	22	17	38	—	3	1
Invalid Chairs	79	64	84	8	5	10
Mattresses	13	14	35	35	32	25
Spinal Carriages ..	4	10	7	—	—	—
TOTALS	146	132	201	96	83	63

IMMUNISATION AND VACCINATION

The procedure for carrying out vaccination against smallpox and immunisation against diphtheria continued as in previous years.

Arrangements for combined whooping cough and diphtheria immunisation were almost completed as also were plans for an extension of the facilities available in the City for immunisation ; the latter in an attempt to increase the number of infants obtaining this essential protection. It is felt that if whooping cough immunisation were offered separately it would result in fewer children attending at a later date for diphtheria immunisation.

IMMUNISATION AGAINST DIPHTHERIA

Pre-school children continued to be dealt with separately from those attending primary or nursery schools. At 6 centres, 103 sessions were held for pre-school children with an average attendance of 46.

School children were immunised by the mobile team visiting large schools whenever the number of consents for immunisation in the area was sufficient. Thus the smaller schools, nursery schools and, if requested, any private schools were also served. A total of 99 sessions was held with an average attendance of 51.

Alum Precipitated Toxoid provided through the Public Health Laboratory Service continued to be used for all immunisations.

The number of children who completed immunisation during the year, and who were still under the age of 1 year at the time of completion was 2,674.

ANALYSIS OF IMMUNISATIONS

Numbers carried out

	Primary Immunisations				Re-inforcing Injections	
	Pre-School Children.	School Children.	At Welfare Centres.	*By General Practitioners.	At Welfare Centres.	*By General Practitioners.
1948 ..	5,493	1,188	6,579	102	6,358	—
49 ..	4,695	778	5,120	353	2,844	14
50 ..	4,106	544	4,175	475	2,156	34
51 ..	3,907	860	4,026	741	3,267	80
52 ..	3,686	1,206	4,102	790	4,871	142
53 ..	3,609	779	3,182	1,206	3,418	143

* Those cases for which a record card was sent to the Health Department.

Progressive totals of Children fully immunised at 31st December annually

	0—5 years.		5—15 years.		0—15 years.	
	No.	Percent.	No.	Percent.	No.	Percent.
1948 ..	13,714	55	33,685	83	47,399	70
49 ..	14,664	53	34,792	84	49,456	72
50 ..	15,467	55	35,220	82	50,687	71
51 ..	15,513	55	36,203	84	51,716	73
52 ..	14,562	52	38,593	90	53,155	75
53 ..	14,198	53	39,752	86	53,950	74

YEARLY NUMBER OF CHILDREN IMMUNISED—BY AGE GROUPS

AGE	1946	1947	1948	1949	1950	1951	1952	1953	Total No. of Children Immunised	Percentage of Child Population Immunised since 1938
Under 1 Year	1	27	264	326	218	321	395	514	0—5 years 14,198	Estimated Population 0—5 years = 26,900 Percentage immunised = 53%
1 Year + ..	2,037	2,614	3,759	3,043	2,809	2,900	2,715	2,548		
2 years + ..	818	601	807	564	412	470	344	323		
3 years + ..	248	121	180	261	184	113	128	126		
4 years + ..	216	90	137	180	178	103	104	61		
5 years + ..	473	279	346	321	305	279	283	224	5—15 years 39,752	Estimated Population 5—15 years = 46,000 Percentage immunised = 86%
6 years + ..	348	214	362	351	287	205	220	232		
7 years + ..	167	138	182	155	112	68	79	99		
8 years + ..	83	126	191	69	60	38	106	63		
9 years + ..	53	120	151	60	13	22	131	71		
10 years + ..	45	97	111	36	25	26	138	61		
11 years + ..	55	73	69	31	18	15	103	61		
12 years + ..	—	75	49	32	11	77	36	3		
13 years + ..	—	—	73	16	5	59	42	1		
14 years + ..	—	—	—	28	7	45	40	1		
15 years + ..	—	—	—	—	6	26	28	—		
TOTAL ..	4,544	4,575	6,681	5,473	4,650	4,767	4,892	4,388		

Numbers and Percentage of Children Immunised

	Estimated Population	Children Immunised	Percentage Immunised
Age 0—1 year ..	5,222	514	10%
„ 1—5 years ..	21,678	13,684	63%
„ 5—15 years ..	46,000	39,752	86%
Age 0—15 years ..	72,900	53,950	74%

The percentage of children completing immunisation before their first birthday increased from 6% in 1952 to 10% in 1953, but this still means that 9 out of every 10 children remain unprotected during their first year in spite of regular reminders to the parents.

In an endeavour to raise this percentage, a more extensive scheme was almost completed for immunisation to be available in all the Infant Welfare Centres in addition to the present facilities at certain centres conducted by private practitioners.

This authority cannot be satisfied with diphtheria immunisation until at least 75% of the pre-school children are protected and it is towards this goal that a more extensive scheme is directed.

THE EFFECT OF IMMUNISATION

	Total No. of cases of diphtheria	No. of cases in immunised persons	*No. of deaths from diphtheria
1942 ..	269	14	11
43 ..	152	15	5
44 ..	82	11	2
45 ..	110	26	8
46 ..	44	11	5
47 ..	9	1	1
48 ..	10	—	3
49 ..	1	—	—
50 ..	—	—	—
51 ..	—	—	—
52 ..	—	—	—
53 ..	—	—	—

*All occurred in the non-immunised.

VACCINATION AGAINST SMALLPOX

The present scheme is based upon six centres situated throughout the City, in order to serve the maximum number as conveniently as possible. There were 105 sessions held with an average attendance of 16. The health visitors continued to encourage parents to have their children vaccinated and the following figures show that their efforts bore fruit.

ANALYSIS OF CASES VACCINATED IN 1953

	Numbers of cases.						
	Age at 31.12.53.					By General Practi- tioners.	Under Health Dept. Arrange- ments.
	Under 1 yr.	1—4 yrs. incl.	5—14 yrs. incl.	15 yrs. & over.	Total.		
Primary Vaccination	2,056	182	68	116	2,422	768	1,654
Re- Vaccination	—	16	48	349	413	394	19

The total number of primary vaccinations showed an increase of 19 over 1952 ; the number under 1 year showed an increase of 64 over the previous year, while the percentage of infants under 1 year who were vaccinated was 39·4—the same as in 1952 because of a slight increase in the number of births in 1953.

The same increase of facilities for vaccination is planned as for diphtheria immunisation.

INFANT VACCINATION

	Number of Primary Vaccinations under 1 year of age.	Percentage of births during same period.
1949	1,956	34·4
1950	2,003	38·3
1951	2,135	41·8
1952	1,992	39·4
1953	2,056	39·4

HOME NURSING SERVICE

The Service showed steady development and consolidation, increased efficiency being the aim of all who served in it. Such was the aim also of the Queen's Institute of District Nursing with which the service is identified. During the year a visitor of the Institute, Miss M. I. Sankey, inspected the service.

The service is essentially a family service having close links with the medical practitioners of the City, its functions being to enable the sick, not requiring the facilities which are only available at hospital, to remain at home under the nursing care ordered by the family doctor.

THE YEAR'S WORK

The comparative figures for the last four years are shown ; a detailed analysis of the year's work is at page 173.

	1950	1951	1952	1953
Number of patients on register,				
1st January	642	826	927	1,116
Number of new patients ..	3,429	3,980	4,791	5,499
Total number Patients attended ..	4,071	4,806	5,718	6,615
Number remaining on register,				
31st December	826	927	1,116	1,226
Total number of nursing visits ..	127,734	173,124	202,993	200,042
Total number of supervision visits		2,015	1,606	2,018

Case Load. Although the total number of patients increased, the total number of visits for the year decreased and the case load thus approached more nearly to that—recommended by the Queen's Institute and generally accepted—of 300 visits per month for each nurse.

The reduced number of visits, despite the increase in the staff to an average of 56 nurses, was due to the time which was added to individual nursings and devoted to instruction of patients and their domestic attendants. The result of such teaching was best shown with diabetic and tuberculous patients.

The increase in the number of patients was largely due to an increase in pre-operative measures taken at home and an increase in the numbers of patients suffering from chronic illnesses discharged from hospital when home conditions were made sufficiently suitable.

TYPES OF CASES

Diabetes. There were more diabetic patients, but as a result of teaching them to give their own insulin, fewer visits were necessary. This teaching is well worth the time as otherwise daily visits for injections would be required for a long period.

Tuberculosis. The modern treatment of tuberculosis by injections of streptomycin takes many weeks and this period has been lengthened because injections are given on alternate days instead of every day, the same total number being given. Besides giving the injection, the nurse keeps up the morale of a patient suffering from a long illness, reinforces the advice of the Chest Physician and combats the reluctance of some patients to continue the course.

The Elderly. The modern trend in the treatment of illness in the elderly is directed towards prevention of immobility. To this end older patients were encouraged to stay up whenever their condition permits and to do as much as possible for themselves.

Younger Adults. The number of patients in the age groups 17 to 45 years and 45 to 60 years increased. They were, in the main, people suffering from serious illness and required during the acute phase much skilled attention ; they usually recovered quickly and completely. The type of nursing required in this and in the previous group differed quite widely.

Social Problems. There was an increase in the cases where a social problem was added to the medical one. These patients required much time and the nurse had to be familiar with the agencies able to bring some order into the house. Often the patient lived alone and approached the Nursing Service even before consulting a doctor.

There was occasionally great poverty of necessities for a sick person, especially bed attire and bed linen—sometimes only an old sofa or chair served as a bed with old coats and rags as covering. Laundry difficulties made matters worse ; the provision of draw sheets and incontinent gowns was invaluable.

Patients' Illnesses Classified

	1951	1952	1953
	<i>Numbers of cases</i>		
Respiratory	825	1,095	1,402
Digestive	510	826	971
Circulatory and Cardiac ..	460	643	747
Tuberculosis	533	576	554
Nervous and Cerebral ..	325	553	593
Due to senility	700	410	690
Carcinoma	307	337	375
Burns, scalds, injury, etc. ..	400	320	250
Rheumatism, Arthritis ..	215	210	183
Reproductive	112	202	203
Diabetic	194	197	255
Urinary	114	170	196
Ulcer of leg	95	153	155
Infectious fevers	16	26	41
	4,806	5,718	6,615

Distribution of age groups of Patients attended

		1951	1952	1953
Under 5 years	.. ..	1.5%	2.5%	2.75%
5 — 16 years	.. ..	2.5%	3.1%	2.5%
16 — 45 years	.. ..	12.0%	11.1%	13.25%
45 — 60 years	.. ..	20.0%	20.0%	20.5%
Over 60 years	.. ..	64.0%	63.3%	61.0%

ADMINISTRATION

Transport and Communication. There were 25 nurses with motor transport comprising 11 owner driven cars, 12 Vespa auto-cycles and 3 other motor cycles ; an assisted purchase scheme for nurses to purchase their own cars was authorised in November.

The installation also of 9 more telephones assisted in better reception of messages and allowed the Superintendent and nurses to discuss cases more readily. Accurate details of the illness and of the treatment ordered communicated directly from doctor to nurse saved considerable time and obviated the risks of mistakes by a third party.

The service again gratefully accepted the help of chemists and other shopkeepers willing to take messages for nurses working on the district thus saving much time and travel.

Housing. A Corporation house in the Sherwood area was obtained and furnished and will assist the service in this area, as it provides accommodation for three nurses.

One more house became available at Clifton, thus ensuring a relief for periods of off-duty, for holidays and sickness.

The accommodation available on service tenancies was—

Houses :	2 furnished.	5 unfurnished.
Flats :	1 „	5 „

Training. To adapt hospital training for the care of patients in their homes, a State Registered nurse can undertake the course prescribed by the Queen's Institute of District Nursing and by passing the examination, qualify for the Queen's Roll. Arrangements for a training course in conjunction with another Health Authority were prepared and will begin early in 1954.

A course of training of four months duration for the Queen's Roll was undertaken by two nurses at the Westminster and Chelsea District Nursing Association ; both were successful in the February examination.

Sick Absence. The time lost for absence due to illness was a cause of anxiety. This amounted to twenty days per nurse per year, which was at least twice as much as is commonly found in industry employing women of a comparable age. The total time lost was the equivalent to nearly four nurses' work for a year and on a total staff of 60 this is serious. Active steps were taken to investigate the causes of this absence and it should be said that a comparatively small part of it was due to causes directly connected with the work, such as strains, occurring during the lifting of heavy patients.

Home Nursing Exhibition.—An Exhibition of Home Nursing was held at Holy Trinity Hall, Colville Street, from 12th—14th May. The preparations were carried out by the nurses in their off-duty hours and entailed a good deal of work. The exhibition was primarily intended to demonstrate the ways in which home nurses could be assisted by relatives and friends. It was well attended not only by members of the public but by nurses from the hospitals.

Staff. The establishment fixed in February at 60 nurses was attained in November when there were 58 full-time and 4 part-time nurses, 7 of whom were on the Queen's Roll. Male nurses formed a valued section of the staff as there was much work for which they were especially suited.

A nurse was appointed to carry out late evening visits six nights weekly thus ensuring continuity of attention to very sick patients who required injections nightly.

<i>At 31.12.53.</i>			
State registered nurses	..	..	44
Registered sick children's nurse ..	..	..	1
State registered mental nurse ..	..	..	1
State enrolled assistant nurses ..	..	..	7
Male nurses, state registered ..	..	..	5
			—
			58
			==

HOME HELP SERVICE

The growth occurring over the preceding four years continued during the first four months of 1953, when the annual expenditure was at the rate of £80,000, a weekly wage bill of £1,528. Reconsideration of the policy for the financial year 1953/54 brought the decision that consolidation of the service was essential and that further expansion was to be halted by stabilising the weekly wages bill at an average of £1,450.

As a result the waiting list increased and in an attempt to keep the figure within manageable proportions the principle of spreading the helpers over more cases for shorter periods was adopted. In this way the service approached nearer to its object in giving a limited amount—though in some cases still substantial—of assistance to those who most need it. Thus the waiting list at the year's end was less but a larger number of cases were refused help.

It will be readily understood that with a new service which came into being to meet rapidly changing social circumstances, time is required for the staff of the service to work out on the one hand the most effective way of assisting those whose needs demand it, and on the other hand for families, realising that a degree of self-help is still necessary, to request only the amount and type of help required and which cannot otherwise be provided.

Staff and Administration. As the table shows, the total number of helpers fell during the year, those of part-time status who resigned being replaced by a limited number of selected women able to work six to eight hours daily.

Reorganisation of the service on the basis of four districts was completed, and towards the end of the year each district office was staffed by an organiser, a case worker and a clerk. Work, however, in the districts is not equal, and so there are two mobile case workers whose main duties lie in relation to the busiest districts. Thus it is possible for each district organiser to be familiar with the estimation of need for help for the cases of her district, and at the same time to be aware of major changes in domestic or financial circumstances of any family.

Demand. Apart from the difference in demand for help in the districts the type of case varies widely. Two of the districts, for example, consist to a large extent of old property in which are living alone a high proportion of aged people. Their relatives have, in many cases, moved to outlying areas and find it difficult, in addition to caring for their own families, to keep up other than a limited amount of assistance to the old people. A high rate of application for help in these districts is inevitable, help which, when provided, may have to be continued for a long time.

On the other hand two other districts include large numbers of recently built Council houses, chiefly occupied by young married people. Here there is a regular demand for help for confinements and for cases of illness of mothers with young children. These are mainly short cases and permit a steady flow of help from one case to another. Such districts also include a percentage of tuberculous cases requiring help for varying periods.

Between the above contrasting cases there lies a number of different types, each presenting peculiar difficulties.

The aged with physical infirmity. An increasing number of applications was received on behalf of aged and infirm persons living alone. Many were bed-fast and urgently in need of help.

Neighbours are usually fully occupied during the day, and at night they are too busy with their own homes and families to be able to spare time for the old person next door. There were numerous instances where old persons were existing on tea and bread and margarine, and when a helper was sent and suitable meals cooked a great improvement was observed in both health and outlook. When making an initial visit, it was frequently found that these old people were despondent and had lost interest in themselves and their homes, and a good helper effected a wonderful improvement.

The aged with mental deterioration. The difficulties of those with physical weakness were matched in a rather different way by those whose physique should enable them to keep themselves and their homes clean but whose mental state did not permit them to realise the squalid conditions in which they were existing. With their very limited perception these persons required persuasion before they agreed to admit a helper who would carry out the necessary amount of cleaning. Not only is there a problem here for the individual but a state of affairs which could speedily affect the health and comfort of those living nearby.

It was in this type of case that the employment of three male helpers proved most satisfactory. It is perhaps indicative, however, of the nature of the work that by the end of the year the male helpers had sought other employment.

Problem cases. More of these cases were referred to the service as the only means of solving difficulties which had arisen in the home itself. Instances were found of the wife being mentally retarded and indifferent to the well-being of her family. Such cases needed a great deal of tactful handling but ultimately the result was satisfactory. Frequently the mother began to

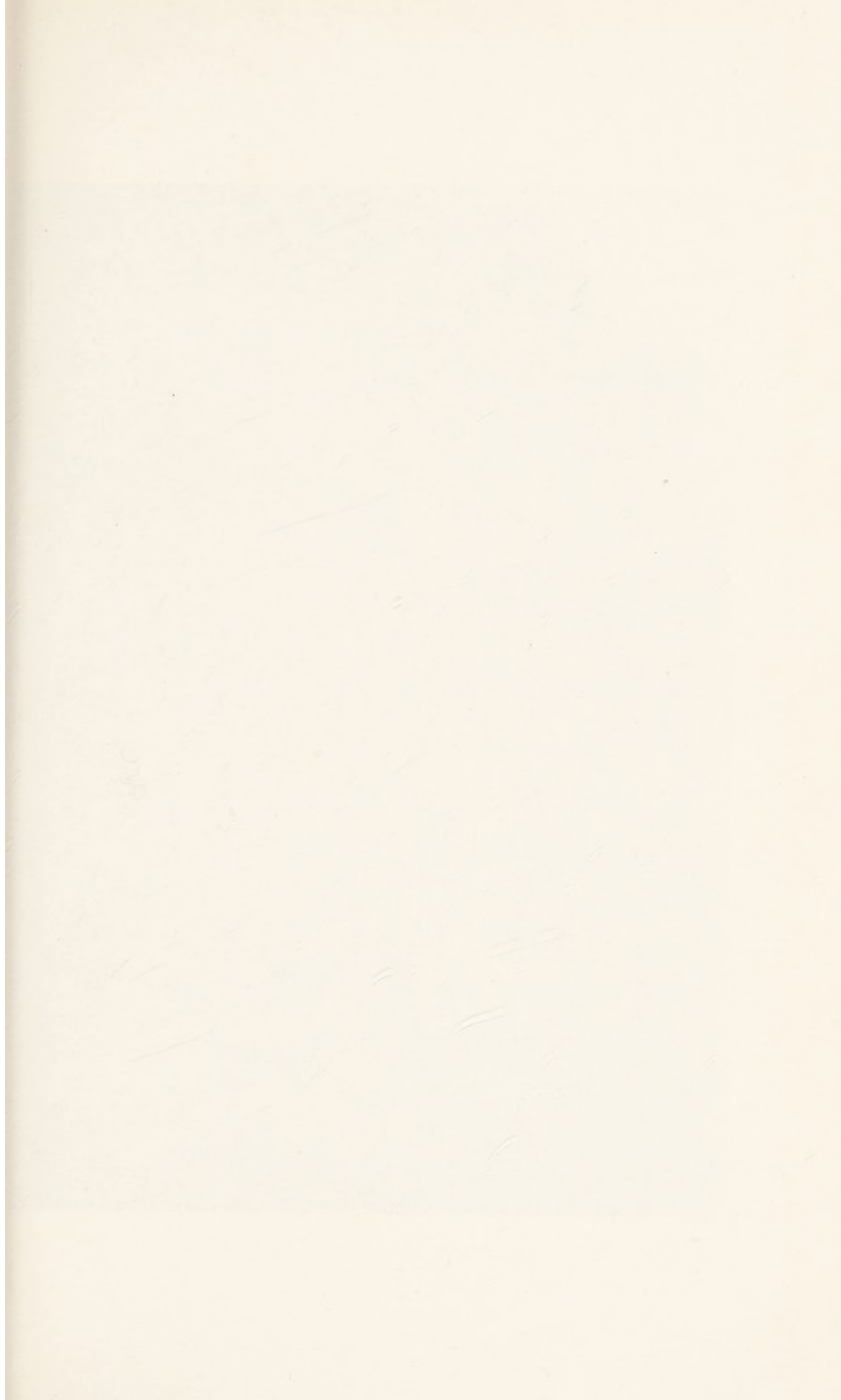
take a pride in the appearance of her home and the improvement in the children under the guidance of a specially chosen helper. Careful enquiry into the history often revealed that the woman had had no opportunity of learning how to care for children or how to run a home.

Child Care. There have been numerous cases of mothers of families of three to six children under school age having been removed to hospital, or mental home, for a long period of treatment. Home help was the only way of keeping the family together in their home and in their father's care. It was difficult to arrange for children to be in the care of their relatives or in a Children's Home.

The young widower left with a family of small children presented another problem, as in many instances these men being wage earners could not afford to pay a housekeeper. Help in cases of this description was provided usually for about one month to enable the man to make other arrangements.

Tuberculous patients. In providing help for patients under treatment at home it was possible to arrange full-time help for a limited number of cases. In the cases of mothers with small children an experienced helper was allocated and took over control of the household, thus relieving the mother of anxieties which might otherwise retard her recovery. Such an arrangement has in many cases prevented the separation of the family, as without a helper the wife would have been away at a sanatorium for many months.

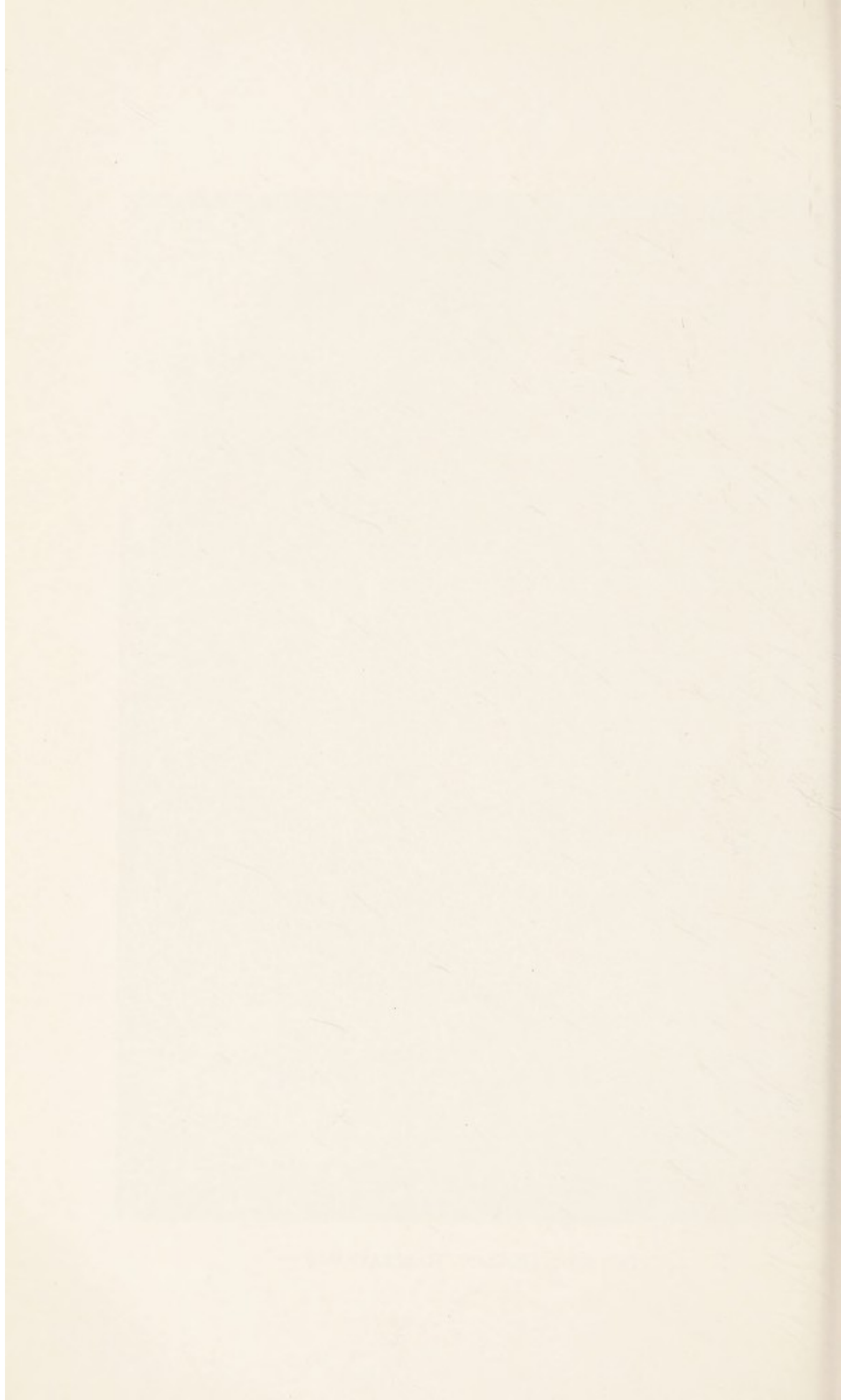
Ex-hospital cases. The number of applications from the hospital almoners continued to grow. Every day telephone messages or letters were received, requesting help for people either awaiting admission to, or able to return home from, hospital.







FIT FOR HUMAN HABITATION ?



In the latter cases, the applicants, while sufficiently recovered to get out of bed and walk about, could not manage the daily work of a house, shopping and preparation of meals, and could only have been allowed to return home if a helper were available. Before application for help was made, the almoner satisfied herself that there have been no relatives, friends or neighbours willing to undertake these duties.

Emergency cases. The senior helpers have proved invaluable in the provision of help for emergency cases. Where real difficulty presented itself it was often possible for the senior helper to be sent until a regular helper was available. Quite frequently, these emergency cases have only lasted one or two days, after which time a friend or relative from another town was able to come and deal with the situation. The urgent need, however, has had to be met, even for so short a time, particularly where young children would have been left without supervision.

Night Help Service. The demands for night helpers again increased and this service continued to be much appreciated by those applicants it was possible to assist. Unfortunately, the amount of help available was very limited owing to the difficulty in obtaining the services of suitable women free for night work. Night help was limited to three nights weekly, with the exception of those cases where an aged or sick person was living entirely alone with no relative or friend to assist ; even so, demand during the winter greatly exceeded supply.

Numerous applications for night help were also received on behalf of cancer cases sent home from hospital. Friends and relatives often nursed these patients, taking turns in sitting up until they themselves were exhausted. This applies particularly to persons who work during the day. The provision of night help for even three nights a week in such cases proved a solution.

Financial Assessment. The scale of assessment has been in operation for one year. The minimum charge requested from non-dependent relatives living in the same house produced a small weekly increase of income from persons who would otherwise have contributed nothing. The number of full cost cases was unchanged. The number of applications received from persons unable to meet the full charge also increased. In some instances help was refused as the applicant was unable to make the contribution assessed on account of the non-dependent relative. A careful survey of cases where help was supplied to aged or invalid persons proved that approximately 10% only had non-dependent relatives living in the house.

Where an applicant was willing to pay the full cost of the helper's time no assessment was made. A number of applicants—pensioners who if assessed would not have been liable for payment—would not divulge their financial circumstances and paid the full cost of a small amount of help. This explains why the expenditure recovered was small (6·7%) compared with the proportion of cases paying full cost (22%).

Analysis of Assessments :				1952	1953
Cases paying full cost	..			22%	22%
„ „ part cost	..			12½%	18½%
„ „ nothing	..			65½%	59½%

Waiting List. The waiting list was reduced by giving less help to each case, but helping more cases. Although this led to hardship and distress to individuals, it was the best way in which the service was of use to the community.

THE YEAR'S WORK

Date	No. of Helpers	Cases being assisted			Waiting List	Weekly Wages Bill
		General	Maternity	Night		
25.3.53 ..	540	866	12	6	88	£ 1,458
25.6.53 ..	502	835	11	5	155	1,414
24.9.53 ..	463	797	12	4	175	1,272
17.12.53 ..	477	884	7	5	173	1,366

No. of Helpers at 31st December :

	1951	1952	1953
Full time	50	151	173
Part time	300	164	135
Casual	60	191	158
TOTAL	410	506	466

Hours Worked :

Weekly average	6,630	9,739	10,947
------------------------	-------	-------	--------

Result of Applications :

Help supplied	1,024	1,199	1,107
Awaiting help	200	202	173
Advance maternity bookings	46	47	38
Not qualifying	50	142	174
Cancelled or arranged own help	199	216	337
	1,519	1,806	1,829

Analysis of Cases Assisted and Income Received :

				Payments Made		
				Full Cost	Part Cost	Nil
						Total
Old Age Pensioners :						
Chronic illness	61	54	775	890		
Acute illness	20	20	149	189		
Others :						
Chronic illness	49	43	113	205		
Blind	—	1	26	27		
Acute illness	52	31	105	188		
Maternity	112	84	31	227		
Tuberculosis	3	16	56	75		
Social cases	5	3	28	36		
Night cases	10	2	28	40		
TOTAL	312	254	1,311	1,877*		

*Includes 770 cases receiving help on 1st January, 1953.

MENTAL HEALTH SERVICE

MENTAL ILLNESS

Admissions to Hospital. Extensive use was again made of the provisions of the Mental Treatment Act of 1930 by endeavouring to persuade persons needing hospital treatment to enter as voluntary patients and thus avoid certification.

In only two cases was a summary reception order applied for in the first instance and in 242 cases it was necessary to make use of Section 20 of the Lunacy Act 1890.

Of the 555 cases which did not warrant compulsory admission under the Lunacy Act, 235 were persuaded to go to hospital as voluntary patients ; 58 were considered suitable for and accepted community care and 262 refused to accept treatment or advice of any kind.

The special arrangements for dealing with aged people who showed symptoms of senility were continued. In all cases of these over the age of 65 reported as needing admission to a mental hospital, a domiciliary visit was paid by the Physician Superintendent of the hospital in company with the Head Social Visitor. In a number of cases the symptoms were due to physical causes and patients continued in the care of the family doctor, while in other cases it was found that with special assistance—frequent visiting by the Mental Health Worker or assistance from the Home Nursing and Home Help Services—it was possible for the patient to remain at home. In those cases where hospital care was necessary a comparatively short stay in hospital frequently sufficed, after which they were able to return to the care of relatives. Difficulty arose however, with those who had no relatives as they could not always be sufficiently rehabilitated to care for themselves and therefore had to remain in hospital.

Community Care. As a result of the use of cars by two of the Mental Health Workers community care was re-organised.

The work on two large housing estates which extend west of the City and occupy about half this area was divided between the two workers with cars while the other four workers were given more compact districts in the denser area. This resulted in the making of 547 visits more than was possible in 1952.

The total number of cases under care rose by 110 during the year so that each Mental Health Worker had to maintain a slightly higher case load. Not only did the use of cars allow this to be done successfully but it also enabled a higher visiting rate to be carried out and also removed the necessity to delete names from the register prematurely.

In addition to the extra visits, the availability of cars within the department afforded considerable relief to the Ambulance Service. Removals to hospital of all milder cases and persons requiring to be taken for treatment at Out-Patient Clinics were undertaken in these two cars and a total of 4,015 miles was covered in the conveyance of 437 patients.

PERSONS IN NEED OF ADMISSION TO HOSPITAL

	Under 65 years		Over 65 years		Totals	
	M.	F.	M.	F.	1952	1953
Reported by :						
Police	57	48	13	30	118	148
General Hospitals ..	33	39	12	23	90	107
Medical Practitioners ..	61	117	54	99	283	331
Relatives	36	48	12	22	187	118
Others	27	28	13	27	69	95
TOTAL	214	280	104	201	747	799
Disposal :						
Admitted Hospital :						
Under Sect. 16	—	1	—	1	3	2
„ Sect. 20	84	88	20	50	237	242
As a voluntary patient	43	76	53	63	221	235
	127	165	73	114	461	479
For Community Care	8	19	8	23	110	58
Declined Advice	79	96	23	64	176	262
TOTAL	214	280	104	201	747	799

MENTAL DEFICIENCY

Institutional Accommodation. This work was still gravely hampered by the continuing shortage of institutional accommodation. There was no appreciable rise during the year in the number of places in institutions it was possible to secure. The number of new cases ascertained requiring institutional care exceeded the number of vacancies with the result that the waiting list rose from 118 on 1st January to 125 on 31st December. The chief difficulty was with high grade delinquent males and low grade children.

When male defectives appeared before a Court it was necessary in four instances for them to be sent to a prison as a "place of safety" before a vacancy was found for them, despite the highest priority being given by the Regional Hospital Board to this type of case.

Providing for the proper care of low grade children was a difficult problem. Once in an institution very few of these defectives become fit for discharge and every admission is therefore a permanent one. Consequently there was very little "turn over" with them and the position will not be eased until further institutional accommodation is provided. The building programmes about to be put in hand by the Regional Hospital Board will within a year or so begin to ease the acuteness of this problem. It would seem likely, however, that it will be a considerable time yet before waiting lists are reduced to reasonable proportions.

The local arrangement whereby the Physician Superintendent accepts temporarily into the mental hospital, low grade defectives under the Mental Treatment Acts, continued to be of great value. It could only have limited application and the defectives

admitted were those in whose case it became imperative to give the parents some temporary relief from the strain of caring for them.

Supervision of Mental Defectives. There were under Statutory or Voluntary Supervision, Guardianship or on licence from institutions some 760 defectives, who received regular home visits from the Mental Health Workers. Considerable help was given in finding employment for those who were suitable for employment of one kind or another ; a number were suitably placed. With the unemployable defective, the worker assisted the parents in securing such benefits as were available and advised on any difficulty which arose. A friendly relationship was cultivated with the parents, and many were appreciative of a visit from an understanding worker.

Training of Mental Defectives. The most encouraging development of the year was the opening of the City Occupation Centre. From 1946 onwards Rosebery House did excellent service but was very quickly overcrowded, and many defectives who would have benefited by Occupation Centre training could not be admitted. The City Occupation Centre will have a maximum of 150 places and will be able to deal adequately with the whole problem. Vexatious delays were encountered both with the conversion of the buildings and the delivery of equipment.

Although the new buildings were not quite complete, the Centre opened on September 7th. Delay in delivery of essential furniture retarded the intake of new cases but by the end of the year 94 trainees were in full-time attendance. A weekly intake of new cases will proceed until the waiting list has been disposed of.

Daily transport of the defectives was undertaken by two double deck buses of the City Transport on private hire, each bus making a journey through one half of the City and picking up trainees at pre-arranged assembly points ; the arrangements worked very smoothly.

Training activities are carried on in the Centre on the sound lines established in seven years' experience at Rosebery House. The tarred macadam playground enables considerable extension of physical activities to be added to the curriculum, and it is hoped to introduce team games, such as netball, in due course. The Centre is surrounded by several acres of land which in the course of years have gone wild and arrangements are in hand for this to be cleared. Gardening will then be established as a principal out-door activity.

Routine medical inspections at half-yearly intervals continued and the Physician Superintendent of Aston Hall Mental Deficiency Hospital visited the Centre from time to time.

MENTAL DEFICIENCY ACTS, 1913—1938.

NEW CASES REPORTED	M.	F.	Totals	
			1952	1953
Subject to be dealt with.				
<i>Reported by Local Education Authority :—</i>				
Section 57(3) Education Act, 1944 ..	4	10	21	14
Section 57(5) " " " " ..	6	8	24	14
<i>Reported by other sources</i> ..	4	6	3	10
Not at present subject to be dealt with.				
Cases for whom the Local Health Authority may subsequently become liable ..	11	13	19	24
	25	37	67	62
Disposal of Cases.				
Admitted to Institution (under Order) ..	1	4	2	5
Placed in Institutions (Sect. 3) ..	—	1	—	1
Placed under Statutory Supervision ..	13	18	46	31
Placed under Voluntary Supervision ..	11	14	19	25
	25	37	67	62
CASES ASCERTAINED PRIOR TO 1952 BUT BECAME THE SUBJECT OF AN ORDER DURING THE YEAR.				
Admitted to Institutions ..	8	4	15	12
Placed under Guardianship ..	—	—	3	—
	33	41	85	74
CASES TRANSFERRED DURING THE YEAR.				
From Guardianship to Institution ..	1	1	4	2
TOTAL OF ASCERTAINED CASES.				
In Institutions ..	215	234	442	449
Under Guardianship ..	28	22	55	50
Under Statutory Supervision ..	258	164	453	422
Under Voluntary Supervision ..	152	117	277	269
In "Places of Safety" ..	5	—	7	5
	658	537	1,234	1,195

CITY OCCUPATION CENTRE
Analysis of defectives on Register on 31st December, 1953

Age Groups	Intelligence Quotients						Totals	Classification		
	Below-30	30 to 40	40 to 50	50 to 70	70 to 80	Not tested		Feeble-minded	Imbecile	Idiot
MALES:										
Under 7 years	—	—	2	—	—	—	2	—	2	—
7 to 11 years	4	3	5	—	—	1	13	1	9	3
12 to 15 years	1	5	2	4	1	—	13	4	8	1
16 to 20 years	3	6	1	2	—	1	13	1	12	—
21 to 39 years	—	3	1	—	—	1	5	1	4	—
40 years and over	—	1	—	—	—	—	1	—	1	—
	8	18	11	6	1	3	47	7	36	4
FEMALES :										
Under 7 years	2	—	1	—	—	—	3	—	3	—
7 to 11 years	5	2	4	1	—	—	12	—	9	3
12 to 15 years	—	3	1	3	—	1	8	1	6	1
16 to 20 years	—	4	6	1	—	—	13	3	10	—
21 to 39 years	2	1	4	1	—	—	8	3	5	—
40 years and over	—	—	2	—	—	1	3	2	1	—
	11	10	18	6	—	2	47	9	34	4

CITY AMBULANCE SERVICE

This contribution by Mr. Ben England, M.I.Mech.E., M.Inst.T. is gratefully acknowledged.

Introduction

The Service operates under the National Health Service Act 1946 ; upon medical certification of need the Service provides conveyance, either by road or rail, for persons suffering from physical or mental illness. Conveyance is provided from any point within the city boundary to any point in England or Wales.

The Nottingham City Ambulance Service commenced its duties on the 5th July 1948. A report was presented to cover the period from that date until 31st December 1948, and subsequent annual reports have been presented. This is the sixth annual report.

Management of the Service

The General Manager of the City Transport Department, as General Manager of the City Ambulance Service, is responsible direct to the Health Committee, which directs the Ambulance Service.

Salaried Staff

Mr. J. W. Gannon, the Deputy Ambulance Superintendent, was appointed as Ambulance Assistant to the Lincolnshire (Lindsey) County Council Ambulance Service, and Mr. R. G. Yates, of Leicester City Ambulance Service, has succeeded him.

The staff in the grading scheme consists of an Ambulance Superintendent, a Deputy-Ambulance Superintendent, a Control Clerk, four Control Assistants and two shorthand-typists.

Employees

The number of leading drivers has been increased from two to six to ensure better supervision of employees. These leading drivers have been given comprehensive training in Control Room procedure in order that they may be used as reliefs for the Control Assistants during holidays and sickness.

There are 51 driver/attendants including the 6 leading drivers, one male attendant, and six female drivers. The total number of employees is 58. This total is 3 more than last year's total.

The following table shows the availability of employees during a normal working day.

Period of Day	Mid-night — 7.20 a.m.	7.20 a.m. — 8.30 a.m.	8.30 a.m. — 9.00 a.m.	9.00 a.m. — 9.40 a.m.	9.40 a.m. — 2.00 p.m.	2.00 p.m. — 4.00 p.m.	4.00 p.m. — 4.30 p.m.	4.30 p.m. — 5.00 p.m.	5.00 p.m. — 8.00 p.m.	8.00 p.m. — 10.00 p.m.	10.00 p.m. — Mid-night
No. of Employees on Duty	7	9	20	27	32	32	34	24	11	11	9

Ambulance Fleet

At the 31st December 1953, the ages of the ambulances were as follows :—

No. of Ambs.	AGE OF AMBULANCES IN YEARS										
	Under one year	One to two	Two to three	Three to four	Four to five	Five to six	Six to seven	Seven to eight	Eight to nine	Nine to ten	Over ten years
	—	—	5	2	3	—	2	—	1	1	5

At present the strength of the fleet is 19 ambulances and 4 sitting-case cars. No new ambulances or sitting-case cars have been added to the fleet during 1953, although there are on order one four-berth Commer Ambulance and one eight-seat Morris convertible. These vehicles are due to be delivered in the near future. Twelve of the ambulances are equipped with Novox resuscitating apparatus, and additional sets are available for the other vehicles as required. Two Riley rocking stretchers are available to aid artificial respiration: one of the stretchers is kept at the Parliament Street Depot and the other at the Guildhall sub-station.

Garage Accommodation

The vehicles are accommodated as follows :—

Garages.	By Day	By Night
<i>For Ambulances.</i>		
Heathfield Hospital	2	2
City Hospital	4	4
Guildhall	3	3
Parliament Street Depot of the City		
Transport Department	10	8
New Fire Station, Shakespeare Street ..	—	2
<i>For Sitting-case Cars.</i>		
Parliament Street Depot of the City		
Transport Department	4	3
New Fire Station, Shakespeare Street ..	—	1
TOTAL, ALL VEHICLES	23	23

Training of Employees

The employees, in order to qualify for their 6/-d. per week proficiency pay, must annually pass an examination in first aid. The majority are examined by the St. John Ambulance Association, and some by the British Red Cross Society. A few, in addition to the previously-mentioned examinations, take the examination of the Institute of Certified Ambulance Personnel.

Co-operation with Police and Fire Service

Complete harmony exists between the Ambulance Service, the City Police, and the City Fire Brigade, giving maximum efficiency in the interdependence of all the services in serving the public.

Co-operation with other Authorities

Co-ordination with neighbouring authorities is maintained in order that economy in the use of ambulances shall be exercised at all times, and so that mutual assistance shall be readily available in any large-scale disaster.

Civil Defence

The training of those who volunteer for the Ambulance Section of the Civil Defence Corps has proceeded during the year. In addition to the basic Civil Defence course, each volunteer must qualify in first aid. A course in Ambulance Section Training is given, and during the winter months an average of thirty persons per week receive instruction in the revision of Ambulance Sectional Training. This training is given at the Civil Defence Headquarters, Greyhound Street. It consists of lectures, ambulance procedure, first aid, map reading, and practical first aid. In addition to the instruction given at the Civil Defence Headquarters, outdoor practices have been held within the city boundary, and it is hoped that, in the spring of 1954, these practices will be extended into the counties of Leicestershire and Derbyshire ; with the co-operation of those other authorities, it is intended to develop the training of mutual aid to its fullest extent.

Volunteers are invited to accompany members of the regular Ambulance Service on operational cases. Suitable volunteers are being trained in driving, the driving instruction being given

by chosen drivers from the City Ambulance Service, under the supervision of the personnel of the Nottingham City Transport Department Driving School.

Emergency Calls

There has been no major emergency call on this Service during 1953 ; ordinary emergency calls have totalled 4,362 as compared with 4,222 during 1952. The highest number of emergency calls in one day was 29 on 23rd December 1953, as compared with 35 on 15th December, 1952.

Mileage, Patients and Out-Patients

The highest number of patients carried in any one day during the year was 324 on 24th November 1953, compared with 325 on the 4th December 1952, the previous record day.

The record day's mileage of 1,544, on the 10th December 1951, was not exceeded.

During 1953, a total of 75,104 patients and out-patients was conveyed over a distance of 309,115 miles, as tabulated in Appendix B.

These figures show an increase of 3,367 patients (representing 4.69%) over the 1952 total and a decrease of 18,963 miles, a difference of 5.78% as compared with the total miles during 1952.

Long-Distance Journeys

British Railways are giving considerable help in the conveyance of patients over long distances. By rail the following journeys have been undertaken during 1953 :—

Railway Journeys

January	..	Hull, Skegness, Birmingham, Stroud, Eastbourne, Bury, Whitchurch, London, Matlock. Soke of Peterborough (2).
February	..	Leeds, Rugby, London, Manchester, Whitchurch, Ilkley.

Railway Journeys—continued

March	..	Bournemouth, Oxford, Skegness, Soke of Peterborough, Leeds. London (4).
April	..	London, Edinburgh, Leeds, Dorking. Skegness (3).
May	..	Skegness, Doncaster, Hereford. London (2).
June	..	Wellingborough, Oxford, Stockport, London, Skegness, Birmingham, Bury St. Edmunds, Woodhall Spa, Bradford, Sheffield, Grimsby.
July	..	Redditch (Worcestershire), Birmingham, Newcastle-on-Tyne, Sheffield, Matlock. Skegness (3).
August	..	Sheffield, Jarrow-on-Tyne, Buxton, Matlock, Liverpool. Leeds (2).
September	..	Oxford, Chesterfield, Rotherham, Soke of Peterborough, Sheffield, Skegness. Leeds (2).
October	..	Grantham, Matlock, Sheffield, Oakham, Accrington, Doncaster.
November	..	Oxford, Bournemouth, Buxton, Leeds, Woodhall Spa. Skegness (2).
December	..	Cranbrook (Kent), London, Sheffield (2). Skegness (3).

A total of 90 patients was conveyed by rail ; an increase of 16 as compared with 1952.

Road Journeys

January	..	Soke of Peterborough, London, Woodhall Spa, Hunstanton, Leamington Spa, Sleaford, Grantham, Newark, Leicester, Scarborough. Sheffield (4). Stamford (2).
February	..	Oakham, Louth, Alford (Lincs.), Whitchurch, Leicester, Mundesley, Spilsby, Havercroft (Yorks.), Hull, Woodhall Spa. Sheffield (3).
March	..	Sleaford. Sheffield (6). Leicester (3).
April	..	Nil.
May	..	Martin (Lincs.), Langham (Rutland), Pointon (Lincs.), Osgodby (Lincs.). Sheffield (4).

Road Journeys—continued

June	..	Oxford, Norton Disney, Stanmore (Middlesex), Buxton. Sheffield (4).
July	..	Pointon (Lincs.). Sheffield (4).
August	..	Leeds, Liverpool, Halifax. Sheffield (3).
September	..	Gainsborough. Leeds (2). Sheffield (3).
October	..	Leeds. Sheffield (6).
November	..	Sheffield (4).
December	..	Derby, Burton-on-Trent. Sheffield (5).

A decrease of 12 compared with the 1952 total of 128 long-distance journeys.

Other ambulance authorities have been requested to give the Nottingham City Ambulance Service the option of fetching patients from their areas when the journey is the Nottingham Corporation's financial responsibility.

Progress

During the last twelve months the radio control has proved its worth to be even greater than was expected ; the number of calls on the Ambulance Service has grown, but the mileage has decreased. That is, I think, quite an achievement, but in addition there is a feeling of absolute control over the ambulance fleet, and at any moment the ambulances can be diverted to another point ; hours have been saved in the transporting of patients, and the efficiency of the Service has been without a doubt increased. The numbers of patients carried per thousand miles run, shown in column 4 of Appendix D, are an excellent demonstration of increasing productivity.

I extend to the officers and employees my warmest commendations on the way they have carried out their duties during the year 1953.

Future Development

The development of the Clifton Estate has added considerably to the load on the Service, and, owing to the long distances involved in arriving at the scenes of emergencies, the erection of an ambulance sub-station at Clifton is receiving consideration.

Working Expenses per Vehicle Mile

Separate figures are not available for ambulances and for sitting-case cars : the working expenses per vehicle mile since the inauguration of the service have been as follows :—

				<i>Ambulances and s.c. cars.</i>
				d.
Period ended 31.3.49	..	..	..	22·66
Year ended 31.3.50	..	..	..	27·92
Year ended 31.3.51	..	..	..	27·80
Year ended 31.3.52	..	..	..	30·16
Year ended 31.3.53	..	..	..	31·40

These figures are tabulated in Appendix D : they are intended to be an indication of the trend of working expenses, so they exclude loan charges, ambulance services hired, the cost of land and services for new ambulance stations, the installation of wireless equipment, and the cost of any vehicles bought out of revenue.

Summary

At the 31st December 1953, the Ambulance Service consisted of the following :—

Salaried staff in the grading scheme	..	..	9
Leading drivers	..	..	6
Driver-attendants	..	..	51
Male attendant	..	..	1
Total personnel			67
			—
Ambulances	..	..	19
Sitting-case cars	..	..	4
			—
			23
			—
Ambulance stations	..	..	4

APPENDIX A.

RECHARGEABLE MILEAGE 1953

CLASSIFIED UNDER MONTHS.

				<i>Cars.</i>	<i>Ambulances.</i>
January	..	..	..	1,200	3,116
February	..	..	..	1,728	2,990
March	..	..	..	1,362	3,215
April	..	..	..	1,263	2,438
May	..	..	..	758	1,976
June	..	..	..	659	1,642
July	..	..	..	624	1,475
August	..	..	..	651	1,472
September	..	..	..	552	869
October	..	..	..	475	1,078
November	..	..	..	485	716
December	..	..	..	442	942
				<u>10,199</u>	<u>21,929</u>

CLASSIFIED UNDER AMBULANCE AUTHORITIES.

				<i>Cars.</i>	<i>Ambulances</i>	<i>Patients.</i>
Nottinghamshire County	..	..	..	3,818	10,303	1,673
Derbyshire County	..	..	..	4,208	7,731	888
Leicestershire County	..	..	..	714	690	49
Kesteven (Lincs.)	..	..	..	836	2,020	64
Lindsey (Lincs.)	..	..	..	278	211	9
Birmingham County Borough	..	..	..	35	39	4
Leicester County Borough	..	..	..	61	216	6
Rutland County Council	..	..	..	69	—	1
Wiltshire County Council	..	..	..	—	33	1
Somerset County Council	..	..	..	8	—	1
Soke of Peterborough Council	..	..	..	—	2	1
Cambridge County Council	..	..	..	24	—	1
<i>Carried forward</i>	..	..	..	10,051	21,245	2,698

		<i>Cars.</i>	<i>Ambulances.</i>	<i>Patients.</i>
<i>Brought forward</i>	..	10,051	21,245	2,698
Southend-on-Sea County Borough	..	—	12	1
Buckinghamshire County Council	..	36	14	3
Sheffield County Borough	..	—	50	1
Middlesex County Council	..	—	38	1
Oxford County Borough	..	—	6	1
London County Council	..	22	65	6
Leeds County Borough	..	14	28	2
Lincoln County Borough	..	—	81	1
West Bromwich County Borough	..	—	21	1
Eastbourne County Borough	..	—	8	1
Derby County Borough	..	40	78	5
Devon County Council	..	—	84	1
Kent County Council	..	—	65	2
Grimsby County Borough	..	8	—	1
Essex County Council	..	16	27	2
Bedford County Council	..	—	60	1
Portsmouth County Borough	..	—	18	1
Liverpool County Borough	..	—	29	1
Huddersfield County Borough	..	12	—	1
		10,199	21,929	2,731

The rechargeable rate for some of the above journeys is still under discussion, so that no income figure can be arrived at, and some of the information, as extracted, has to be finally examined.

In addition to the work done for other ambulance authorities, some regular rechargeable work is done for the National Coal Board as well as some casual work for various bodies.

APPENDIX B.

1953	Road Accidents		Other Accidents		Sudden Illness		Admission		Discharge		Maternity		Mental		Infectious		Inter-hospital		Out-patients		Unclassified		Service		Total	
	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	O.P.	M	P	M	M	O.P. & P.	M	
Jan.	57	231	137	585	110	463	639	3,920	613	4,856	153	1,073	43	660	399	1,720	732	2,697	3,377	11,518	37	319	561	6,297	28,603	
Feb.	31	142	147	627	119	460	533	3,138	639	5,599	135	952	28	498	405	2,262	637	1,909	3,260	11,339	52	536	508	5,986	27,970	
March	58	212	162	811	112	399	581	3,077	699	5,036	179	1,243	51	519	414	1,909	641	2,236	3,541	11,831	42	347	658	6,480	28,278	
April	66	295	168	716	108	401	541	3,089	541	3,834	168	1,355	36	261	433	1,791	718	2,334	3,291	10,848	37	267	623	6,107	25,814	
May	77	366	206	983	102	388	494	2,813	494	3,535	151	1,126	28	364	383	1,851	787	2,225	3,343	10,682	22	377	541	6,087	25,251	
June	93	389	208	927	118	437	457	2,787	412	2,664	142	1,082	27	337	403	1,810	729	2,471	2,983	10,672	45	536	336	5,617	24,448	
July	65	266	165	667	113	446	448	2,467	416	2,553	161	1,105	36	402	394	1,955	729	2,593	3,525	11,041	41	591	452	6,093	24,538	
Aug.	58	252	240	1,014	119	450	456	2,843	268	2,380	158	1,108	27	257	326	1,695	715	2,542	3,471	10,303	40	695	501	5,878	24,040	
Sept.	56	261	206	906	121	455	483	2,948	395	2,536	151	1,071	55	508	371	1,764	784	2,559	3,571	10,525	55	371	408	6,248	24,312	
Oct.	67	303	212	914	110	422	485	2,765	464	2,896	122	850	26	291	350	1,786	744	2,180	4,152	12,214	31	199	469	6,763	25,289	
Nov.	59	237	191	868	104	414	447	3,109	422	2,629	140	951	37	352	412	1,735	758	2,390	4,188	11,915	35	283	482	6,793	25,365	
Dec.	72	313	204	838	121	488	559	3,280	454	2,778	148	1,131	36	445	354	1,597	698	2,119	4,078	11,579	31	219	420	6,755	25,207	
Total	759	3,267	2,246	9,856	1,357	5,223	6,123	36,236	5,817	41,296	1,808	13,047	430	4,894	4,644	21,875	8,672	28,255	42,780	134,467	468	4,740	5,959	75,104	309,115	

P. = Patients.

O.P. = Out-Patients.

M. = Miles.

APPENDIX C.

PATIENTS & MILES BY EACH TYPE OF VEHICLE

Month	Ambulances		Sitting-case Cars		Total	
1953	Pats.	Miles	Pats.	Miles	Pats.	Miles
Jan. ..	5,070	22,054	1,227	6,549	6,297	28,603
Feb. ..	4,870	21,776	1,116	6,194	5,986	27,970
March ..	5,094	21,540	1,386	6,738	6,480	28,278
April ..	4,959	20,234	1,148	5,580	6,107	25,814
May ..	5,191	20,725	896	4,526	6,087	25,251
June ..	4,504	18,853	1,113	5,595	5,617	24,448
July ..	4,829	18,962	1,264	5,576	6,093	24,538
August ..	4,680	18,884	1,198	5,156	5,878	24,040
Sept. ..	4,953	18,975	1,295	5,337	6,248	24,312
Oct. ..	5,389	19,704	1,374	5,585	6,763	25,289
Nov. ..	5,423	19,635	1,370	5,730	6,793	25,365
Dec. ..	5,485	20,118	1,270	5,089	6,755	25,207
	60,447	241,460	14,657	67,655	75,104	309,115

Ambulances	60,447	241,460
Sitting-case Cars	14,657	67,655
TOTALS	<u>75,104</u>	<u>309,115</u>

EMERGENCY PATIENTS

Emergency Patients conveyed during 1953.

January	304
February	297
March	332
April	342
May	385
June	419
July	343
August	417
September	383
October	389
November	354
December	397
	<u>4,362</u>

APPENDIX D.

FINANCIAL SUMMARY AND STATISTICAL RECORD FROM 1948 to 1953

	Total Miles 1.	Total Patients and Out-Patients 2.	Average Miles per Patient 3.	Patients Carried per thousand Miles Run 4.	Working Expenses per Vehicle Mile for year ended on preceding 31st March 5.	Record Day's Mileage 6.	Maximum No. of Patients on any one day 7.	Highest No. of Emergency Calls on any one day 8.	Total Expenditure for year ended on preceding 31st March 9.
1948 .. (6 months)	147,317	23,301	6.32	158.17	d. —	—	—	—	£ —
1949 ..	301,426	54,297	5.55	180.13	22.66	1,498	246	27	28,154 (9 months)
1950 ..	321,673	62,858	5.12	195.41	27.92	1,445	287	25	37,440
1951 ..	343,150	68,896	4.98	200.78	27.80	1,544	296	34	39,513
1952 ..	328,078	71,737	4.57	218.66	30.16	1,395	325	35	49,788
1953 ..	309,115	75,104	4.12	242.96	31.40	1,445	324	29	46,785

PART III.

ENVIRONMENTAL SERVICES

Factories Act 1937

Food and Drugs Acts 1938-1950

Housing Acts 1936-1949

Nottingham Corporation Acts 1923-1952

Public Health Acts 1875-1936

Shops Act 1950

FOOD SUPERVISION AND INSPECTION

HOUSING

INFECTIOUS AND INFECTIVE DISEASES

SANITARY SERVICES

FOOD SUPERVISION AND INSPECTION

FOOD HYGIENE

Premises used for the preparation, storage and sale of food were visited regularly by sanitary inspectors who continued the policy of persuasion of food handlers to achieve a higher standard of food hygiene.

Most of the large manufacturers of meat products in the City offered their willing co-operation to ensure that sausage meat is of a high standard of bacterial purity ; samples of each manufacturer's produce are regularly submitted to the Public Health Laboratory for examination. All the reports have been satisfactory.

Complaints were received of foreign matter in a variety of foods. Cigarette ends being found in four articles of food, stressed the necessity for the prohibition of smoking on food premises. The other complaints were of dangerous articles such as metal, nails and glass which had found their way into food-stuffs. All the complaints—a total of sixteen—were carefully investigated and in one case the manufacturers of the food were prosecuted and a fine of £3. 3s. 0d. was imposed. In the other cases, letters of warning were sent to the manufacturer concerned.

The owners of a shop in the City were reported to the Health Committee for failing to have a supply of hot water available on the premises for the use of their employees and the proceedings which followed resulted in the owners being fined a total of £22. 0s. 0d. plus costs.

During the year 20 premises were registered under Section 14 of the Food and Drugs Act, 1938 for the manufacture of sausages and potted, pickled, pressed and preserved foods, bringing the total of premises so registered up to 308.

In the course of 3,420 visits, the Inspectors found it necessary to draw the attention of the occupiers to 310 defects and contraventions of Bye-laws etc., and the requirements of the Department including those outstanding from 1952 were met in 370 cases.

FOOD SAMPLING

A total of 1,567 samples was taken, the details being as follows :—

Formal Samples	..	447	Analysed by Public Analyst.
Informal Samples	..	584	do.
Informal Milk Samples		536	Tested by Inspectors.
		1,567	

The following samples were found to be not genuine :—

<i>Formal.</i>	<i>Action taken.</i>
Vinegar—"Non Brewed Condiment" sold under wrong description.	Warning letter to retailer from Town Clerk.
Butter Toffee—contained less butter-fat than agreed in Code of Practice.	Letter to manufacturer from Chief Sanitary Inspector.
Brisling Paste—Fish content less than 45%	Referred to Ministry of Food (Food Standards and Labelling Division).
"Guaranteed All-Cream Cheese"—made from whole milk only. Misdescription.	Letter to seller from Chief Sanitary Inspector.
Potted Meat—contained extraneous dry starchy matter.	do.
" " "	do.
" " "	do.
Pork Sausages—Deficient in meat content 10.55%	Warning letter to manufacturer from Town Clerk.

Informal.

3 Egg Substitute Powders—contained no egg.

3 Cheese Spreads — contained excess moisture and were deficient in butter fat.

Ice Cream—deficient in sugars.

“ “ “

Cake Filling (“ Sno-fil ”)—mould growth inside cap of bottle.

7 Sardines in Tomato — contained amounts of tin exceeding recommendations of the relevant M.O.F. Report.

Shredded Beef Suet—Malodorous and mouldy.

Non-brewed Condiment — contained only 3·8% of acetic acid.

4 Butter Dabs etc. (Sugar Confectionery) contained less butter fat than agreed in Code of Practice.

2 Ice Creams — Low in sugars and/or milk solids content.

Brisling Paste—contained not more than 45% of fish.

Synthetic Cream—fat content discrepancy—inaccurate label.

Liqueur Creams—query regarding description and alcohol content.

Mustard Cream (Ointment)—deficient in mustard oil, menthol and camphor.

Action taken.

Total old stocks (83 packets) surrendered by retailer and destroyed.

Referred to Ministry of Food (Food Standards and Labelling Division).

Formal follow-up sample proved to be genuine.

Follow-up sample not reported against.

Seven bottles from sellers' stock surrendered to Inspector for destruction.

Sellers' stocks surrendered to Inspector following correspondence with Ministry of Food (Canned Fish, Fruit and Vegetable Division).

Verbal warning to seller.

Letter to manufacturer from Chief Sanitary Inspector.

“ “ “

Follow-up samples proved satisfactory. Manufacturers advised.

Referred to Ministry of Food (Food Standards and Labelling Division).

Letter to manufacturers from Town Clerk.

Manufacturer interviewed by Chief Sanitary Inspector.

Letter to manufacturer from Chief Sanitary Inspector (stocks withdrawn from sale).

<i>Informal.</i>	<i>Action taken.</i>
Seidlitz Powders — contained excess sodium potassium tartrate.	Letter to manufacturers from Chief Sanitary Inspector.
Cream Soda — contained suspended foreign matter.	„ „ „
Pork Sausages—deficient in meat content by previous Ministry of Food standard.	Followed by formal sample.
Pork Sausages— „ „ „	Followed by formal sample which proved to be genuine.
Potted Meat—contained extraneous dry starchy matter.	Letter to seller from Chief Sanitary Inspector.
Herbal Cigarettes—sold under misleading display labelling.	„ „ „

Results of sampling of MILK and ICE CREAM—see page 99.

Details of sampling of “ OTHER FOODS ”—see page 180.

Unsound Food Surrendered

Artificial Cream	.. ..	1 $\frac{3}{4}$ stones
Bacon	.. ..	131 „
Biscuits	.. ..	3 $\frac{1}{2}$ „
Black Puddings	.. ..	1 „
Butter	.. ..	4 $\frac{1}{4}$ „
Cake	.. ..	38 „
Cereals	.. ..	3 $\frac{1}{2}$ „
Cheese	.. ..	89 $\frac{3}{4}$ „
Chocolates and Sweets	.. ..	12 $\frac{1}{4}$ „
Canned Goods	.. ..	8,561 $\frac{1}{2}$ „
Cooked Meats	.. ..	34 „
Cooking Fat	.. ..	9 $\frac{1}{2}$ „
Desiccated Coconut	.. ..	19 $\frac{1}{2}$ „
Dried Fruit	.. ..	75 $\frac{1}{4}$ „
Eggs—Fresh	.. ..	3 $\frac{1}{4}$ „
Eggs—Liquid	.. ..	117 „
Fish Cakes	.. ..	2 „
Fish	.. ..	1,221 „
Fish, Shell	.. ..	2,736 $\frac{3}{4}$ „
Flour	.. ..	19 „
Fruit Wine	.. ..	1 „
Fruit	.. ..	241 $\frac{1}{4}$ „
Ice Cream	.. ..	46 „
<i>Carried forward</i>	.. ..	13,372 „

<i>Brought forward</i> ..				13,372 stones.
Jellies ..	..	..	..	11½ „
Margarine ..	..	..	..	11¾ „
Meringue Powder ..	..	..	..	64 „
Miscellaneous ..	..	..	..	102 „
Poultry ..	..	..	..	146 „
Pork Pies ..	..	..	..	2¼ „
Potato Flour ..	..	..	..	2¼ „
Preserves ..	..	..	..	22½ „
Puddings ..	..	..	..	3½ „
Rabbits ..	..	..	..	475 „
Sausage ..	..	..	..	110½ „
Sauces ..	..	..	..	123¾ „
Vegetables ..	..	..	..	1,212¾ „
Yeast ..	..	..	..	28 „
				15,687¾ stones
Meat*	..	..	..	63,143¾ stones
Grand Total of all foodstuffs ..				78,831½ stones or 492¾ tons approx.

* For details see opposite page.

THE MEAT SUPPLY

The following Slaughter-houses were in use :—

- The Public Slaughterhouse, Cattle Market (All types of animals).
- Egerton Street Slaughter-house (Nottingham Co-operative Society) (Beasts and sheep).
- Egerton Street Slaughter-house (Mr. J. S. Beardall) (Sheep).
- Traffic Street Slaughter-house (Messrs. Furniss Bros.) (Pigs).

The shortage of carcase and offal hanging room and equipment at the Public Slaughter-house continued but the erection of an additional cooling hall in the near future will obviate the congestion which now arises at peak killing periods.

Meat Transport

The handling and transport of meat from the various slaughtering establishments and Depots were under daily supervision.

ANIMALS SLAUGHTERED FOR FOOD.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number Killed*	15,037†	7,660	10,446	76,387	57,934	167,464
Reason for Condemnation ..	NUMBER OF CARCASES CONDEMNED					
All diseases except tuberculosis :						
Whole carcase con- demned ..	5	17	46	114	105	287
Carcases part (or organ) condemned ..	3,064	3,091	14	6,051	2,276	14,496
Percentage affected ..	20·4	40·5	·57	8·07	4·1	—
Tuberculosis only :						
Whole carcasses condemned ..	58	276	11	—	131	476
Carcases part (or organ) condemned ..	1,918	3,040	3	—	4,025	8,986
Percentage affected ..	13·1	43·2	·13	—	7·1	

* ALL carcases were inspected.

† Bulls 362 ; bullocks 8,605 ; heifers 6,070.

Meat Surrendered. All unfit meat was surrendered ; no meat was seized.

	Home killed meat	Imported meat
	in stones	
Beef	25,509½	125½
Mutton and Lamb ..	704½	4
Pork	5,290	—
Veal	163½	—
Offals	31,338½	8
TOTAL	63,006½	137½
GRAND TOTAL SURRENDERED : 63,143½ stones = 394½ tons.		

Inspections

Animals arriving at the various slaughter-houses were, as far as practicable, subjected to ante mortem inspection and any showing abnormal conditions were noted and slaughtered without delay, special attention being given to their post mortem examination. If deemed necessary to confirm an opinion, specimens were submitted to the Public Health Laboratory or to the Veterinary Inspectors of the Ministry of Agriculture and Fisheries, Animal Health Division.

All carcasses and offals were inspected and in addition to routine inspections in the wholesale and retail markets, Meat Inspectors made 1,482 visits to private slaughter-houses and 2,208 to other premises.

THE MILK SUPPLY

REGISTRATIONS

The conditions under which milk was produced, stored, treated and distributed were regularly examined to ensure that the statutory requirements applicable to the trade were complied with.

The number of "other dairies" (bottling establishments other than processors) was reduced to two and these will be required to cease bottling milk after 1st October, 1954 in accordance with the provisions of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The following details applied at 31st December, 1953 :—

Processing establishments	4
Other Dairies	2
Dairymen operating from wholesale dairies	14
Dairymen operating from dairies outside the City ..	13
Milk Distributors—shopkeepers	498

LICENSING

DESIGNATED MILKS

Licences granted under the provisions of the Milk (Special Designation) (Raw Milk) Regulations, 1949 and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 :—

Dealers' Licences to pasteurise milk	4
„ „ „ sterilise milk	3
„ „ „ sell tuberculin tested milk	67
„ „ „ pasteurised milk	288
„ „ „ sterilised milk	618
Supplementary licences to sell tuberculin tested milk	13
„ „ „ pasteurised milk	13
„ „ „ sterilised milk	11

SAMPLING

BACTERIOLOGICAL EXAMINATION

Examination for Tubercle Bacilli.

A total of 124 samples including 23 samples of designated milks was obtained, 117 showing negative results on biological testing.

Positive results were obtained from 7 samples and were notified to the Medical Officers of Health of the producers' areas, the affected animals being identified and slaughtered under the Tuberculosis Order, 1938.

The positive results shown in this and previous years were as follows :—

1953	..	5.64 per cent.
1952	..	4.71 „
1951	..	9.18 „
1950	..	5.40 „
1949	..	1.66 „
1948	..	1.72 „

Tuberculin Tested Milk—Raw. One hundred and fifty-six samples were procured and 149 complied with the prescribed standards ; seven failed to satisfy the appropriate Methylene Blue Test and details were notified to the County Milk Production Officer for investigation.

Pasteurised Milk—including Tuberculin Tested Pasteurised Milk. Of six hundred and thirty-nine samples of pasteurised milk sold under licence and subjected to the half-hour Methylene Blue Test, 4 were unsatisfactory. To test the efficiency of pasteurisation, these samples were also subjected to the Phosphatase Test and 630 were proved to have been satisfactorily treated.

Sterilised Milk—including Tuberculin Tested Sterilised Milk. A total of 248 samples of milk processed under licence was obtained for examination and all were found to have been satisfactorily treated.

CHEMICAL EXAMINATION

Milk Samples analysed by the Public Analyst

1953	No. of Samples.	Average Percent of Fat.	Average Percent of Solids not Fat.
January	38	3.515	8.744
February	40	3.635	8.828
March	41	3.387	8.598
April	41	3.389	8.725
May	37	3.297	8.836
June	28	3.597	8.866
July	34	3.603	8.797
August	33	3.703	8.845
September	54	3.655	8.706
October	33	3.688	8.862
November	29	3.814	8.883
December	14	3.581	8.525
AVERAGE	—	3.564	8.771
The Standard for Milk is " Fat " 3.0% and " not Solids Fat " 8.50%.			

Of 536 informal samples of milk tested by the Inspectors by the Gerber process, 39 or 7.27% were found to be adulterated.

ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES

Samples taken formally and found not genuine	Action taken
3 samples deficient in solids-not-fat and one also deficient in milk fat.	Letters to producer and to Milk Production Officer from Chief Sanitary Inspector.
2 samples containing added water 42% and 43% respectively.	Prosecution—Seller fined £20. Costs £2. 12s. 0d.
19 samples deficient in milk fat, taken from 11 Producers.	Letters to producers and to Milk Production Officer from Chief Sanitary Inspector.
3 samples deficient in milk fat and/or milk solids-not-fat.	„ „ „ „
2 samples low in solids-not-fat content.	„ „ „ „
1 „ Pasteurised milk deficient in milk fat 12%.	Prosecution—seller fined £20. Costs £1. 1s. 0d.
2 „ containing added water 26.7% and 30% respect- ively.	Prosecution—defendant fined £4. Costs £11. 17s. 0d.
2 „ each containing 12% added water.	Prosecution pending.
3 „ deficient in milk fat.	Followed by “appeal-to-cow” samples and letters to Milk Pro- duction Officer and to Producer from Chief Sanitary Inspector.

ICE CREAM

All manufacturers or dealers in ice-cream must be registered under the provisions of the Nottingham Corporation Act, 1935 and all premises used by those persons must be registered under the provisions of the Food and Drugs Act, 1938.

2,342 inspections were made.

Registrations in force at the end of the year :—

MANUFACTURERS.

" Hot Mix " method	..	..	9	
" Cold Mix " method	..	..	15	
				—24

VENDORS AND DEALERS.

" Pre-packed " ices	..	..	607	
" Loose " ices	..	..	239	
				— 846
New registrations	..	..	56	
Transfer of registrations	..	..	57	

Sampling

The Food Standards (Ice-Cream) Order, 1953, prescribed the following standards for ice-cream :—

Fat	..	..	Not less than	5%
Sugar	..	..	„	10%
Milk Solids Other				
than Fat	..	..	„	7½%

Of 85 samples taken for analysis, three did not conform to the standard. The manufacturers of the unsatisfactory samples were warned and subsequent samples proved to be satisfactory.

Fourteen samples of iced lollies were taken and analysed for metallic contamination. The Analyst reported that none of the metallic impurities which they contained was of sufficient magnitude to be the cause of illness.

Grading

Samples for bacteriological grading by the Methylene Blue Reduction Test were taken as under :—

Grade.	Time taken to reduce Methylene Blue (hours).	No. of specimens reducing Methylene Blue.
1	$4\frac{1}{2}$ or more	227
2	$2\frac{1}{2}$ — 4	17
3	$\frac{1}{2}$ — 2	7
4	0	6

In addition, seven samples of “Iced Lollies” were examined and found to be satisfactory.

One sample of water in which ice-cream servers were standing, two samples of water from pasteurising plant, and one sample of milk powder were also examined.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Samples taken	Satisfactory	Unsatisfactory	Total
FERTILISERS :			
Steamed Bone Flour	—	1	1
Basic Slag	—	1	1
Blood and Bone Fertiliser	1	—	1
Ten-Day Fertiliser	—	1	1
Nitrate of Soda	1	—	1
Compound Fish Manure	2	—	2
"Growmore" Fertiliser	1	—	1
Sulphate of Ammonia	1	—	1
"Limax" Garden Lime	—	1	1
Soluble Blood Manure	1	1	2
Hoof and Horn	1	—	1
FEEDING-STUFFS :			
National Pig Food No. 2 (Fattening)	1	—	1
Balancer Meal	1	2	3
National Poultry Balancer Meal	—	1	1
Layer's Mash	—	1	1
Poultry Laying Meal	—	1	1
Layers' Pellets	—	1	1
National Pig Food No. 1 (Sow and Weaners)	—	1	1
National Poultry Food No. 1A (Winter Layers' Mash)	—	1	1
Dry Mash for Chickens	—	1	1
TOTALS	10	14	24

Action taken on unsatisfactory samples was as follows :—

1 Steamed Bone Flour	Result notified to Administrative Authority in area of origin.
1 Basic Slag	Letter to sellers from Chief Sanitary Inspector.
1 Ten-day Fertiliser	Slight discrepancies attributed to technical difficulties in analysis.
1 National Poultry Balancer Meal	Result referred to Administrative Authority in area of origin.
1 Layer's Mash	" " "
1 Poultry Laying Meal	" " "
1 "Limax"	" " "
1 Balancer Meal	Letter to seller from Chief Sanitary Inspector.
1 Layers' Pellets	" " "
1 National Pig Food No. 1	Letter to manufacturers from Chief Sanitary Inspector.

1 National Poultry Food No. 1a	..	Letter to manufacturers from Chief Sanitary Inspector.
1 Dry Mash for Chickens	.. ..	.. .. ..
1 Soluble Dried Blood	.. ..	Followed by a satisfactory formal sample.
1 Poultry Meal	.. ..	Letter to seller from Chief Sanitary Inspector.

A cautionary letter was sent to one person for a minor infringement of the Act, and verbal advice was given to several dealers as part of the Inspectors' routine duties.

SHELL FISH

Shell fish from various sources were received into the Sneinton Wholesale Fish Market and samples were frequently submitted to the Public Health Laboratory for bacteriological examination.

Consignments of mussels from any source which had previously been found to be unsatisfactory were retained and sampled, and if a satisfactory report was not received from the Laboratory, the mussels were confiscated.

The total weight of shell fish found to be unfit for human consumption was seventeen tons, two hundredweights.

Of eighteen samples of mussels taken, four were found to be unsatisfactory. Details are given :—

Origin of Layings	No. of Samples	Satisfactory	Unsatisfactory
Boston, Lincolnshire ..	7	7	—
Port Madoc, N. Wales ..	6	3	3
Ireland	2	2	—
Denmark	3	2	1
TOTALS ..	18	14	4

THE PHARMACY AND POISONS ACT, 1933

This Act permits the sale of poisons in Part II of the Poisons List by persons whose names and premises are entered in the local authority's list.

Applications for entry received	..	..	23
Approved	..	..	22
Withdrawn	..	..	1
Transfer of licences	..	..	Nil
Registrations not renewed, owing to discontinuance of the Sales of Part II Poisons	..	..	15

Cautionary letters were sent to fifty-four persons for minor infringements of the Act.

Legal action was taken in three cases where contraventions of the Act occurred :—

1. Sale of a First Schedule Poison to a person not known to the seller.

Fined £2. 2s. 0d.

2. (a) Sale of a First Schedule Poison to a person not known to the seller.
(b) Sale of a First Schedule Poison without inquiry as to the use intended.

Fined £10.

3. (a) Sale of a First Schedule Poison to a person not known to the seller.
(b) Sale of a First Schedule Poison without completion and signature of entry in poisons register.
(c) Sale of a First Schedule Poison without inscription of seller's particulars on article sold.

Fined £12.

HOUSING

The following show the action taken in respect of unsatisfactory housing conditions :—

THE YEAR'S WORK

Inspection of Dwelling-houses

(1) (a)	Total No. of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts) ..	10,886
(b)	No. of inspections made for the purpose ..	18,214
(2) (a)	No. of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1938 ..	2,562
(b)	No. of inspections made for the purpose ..	8,072
(3)	No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1,123
(4)	No. of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	5,667

Informal Action

No. of defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their Officers	3,941
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Action under Statutory Powers

1. Proceedings under Sect. 9, 10 and 16 of the Housing Act, 1936.

(a)	No. of dwelling-houses in respect of which notices were served requiring repairs	1,409
(b)	No. of dwelling-houses in which defects were remedied after service of formal notices :—	
1.	By owners	1,220
2.	By Local Authority in default of owners ..	148

2. Proceedings under the Public Health Acts.

(a)	No. of dwelling-houses in respect of which notices were served requiring defects to be remedied ..	663
(b)	No. of dwelling-houses in which defects were remedied after service of formal notices :—	
1.	By owners	482
2.	By Local Authority in default of owners ..	65

3. Proceedings under Sect. 11 and 13 of the Housing Act, 1936.

(a) No. of dwelling-houses in respect of which demolition orders were made	25*
(b) No. of dwelling-houses demolished in pursuance of demolition orders	15

* This figure includes one house closed under the provisions of Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953.

4. No Proceedings were necessary under Sect. 12 of the Housing Act, 1936.

The clearance of the Sneinton Elements area was completed during the year and redevelopment commenced in December.

The number of cases of overcrowding brought to notice was 68, involving 88 families and 569 persons, the equivalent of 469 units. These cases represent only illegal overcrowding and do not reflect the actual position throughout the City.

HOUSING OFFICERS

There are four women Housing Officers, appointed by the Housing Committee, attached to the department of the Chief Sanitary Inspector.

They visit the Corporation's estates to help tenants to make the best use of their houses and they deal with any unsatisfactory conditions which are located in the course of their duties. These officers also advise the tenants on the Clifton Estate on the efficient use of the solid fuel appliances which must be operated smokelessly in accordance with the conditions of tenancy.

In the course of the year 18,266 visits were made and the number of defects reported to the Estates Department totalled 4,311.

INFECTIOUS AND INFECTIVE DISEASES

The numbers of cases of notifiable infectious disease which were reported to the Registrar General during 1953 are tabulated below, together with the final figures for 1951 and 1952 :

	1953					1952	1951
	Number of Cases occurring each Quarter				Total	Totals	
	1st	2nd	3rd	4th			
Measles ..	2,600	594	119	10	3,323	3,707	5,009
Whooping Cough	345	387	275	97	1,104	1,240	1,346
Scarlet Fever ..	97	88	49	167	401	453	297
Pneumonia ..	160	36	24	37	257	208	286
Dysentery ..	42	56	12	1	111	143	98
Puerperal Pyrexia	16	14	15	13	58	56	52
Erysipelas ..	10	8	9	12	39	36	39
Ophthalmia Neonatorum ..	3	2	—	—	5	13	26
Poliomyelitis :							
Paralytic ..	1	1	6	12	20	11	16
Non-Paralytic ..	1	2	6	—	9	1	9
Encephalitis :							
Infective ..	—	—	—	—	—	2	2
Post Infectious	1	2	2	—	5	3	9
Food poisoning ..	2	11	2	6	21	77	9
Cerebro-Spinal Fever ..	3	6	2	2	13	9	5
Typhoid Fever ..	—	—	—	—	—	—	2
Paratyphoid Fever	—	—	—	—	—	8	1
Diphtheria ..	—	—	—	—	—	—	—

These figures call for no special comment but details on matters of interest connected with individual infectious diseases follow in subsequent paragraphs.

Food poisoning—Trichiniasis. During the first three weeks in April there were notified in Nottingham and district, 40 cases of trichiniasis, 18 of which occurred in the City of Nottingham.

As soon as the first case was notified in the adjacent Basford Rural District all meat inspection staff were immediately instructed to keep a sharp look out for any evidence of trichiniasis in carcasses of all pigs slaughtered in Nottingham, although naked eye examination of carcasses of pork cannot be regarded as a reliable method of detection of trichiniasis unless the cysts are numerous and have undergone calcification. Suspected sections were referred to :

The Public Health Laboratory,

The Nottingham General Hospital Pathological Laboratory,

Animal Health Division of the Ministry of Agriculture and

Fisheries, Veterinary Laboratory,

for further examination, but no trichinella was found in any of the specimens submitted.

The Medical Officer of Health, through the local press, issued a warning to the general public that all pork and pork products must be thoroughly cooked.

The homes of patients were visited and the type of all pork products consumed during the previous 4 weeks, and from whom purchased, were recorded. Many inspections were made of premises of retail traders who had supplied cooked ham, pork sausage and pies, but by the time the investigations were undertaken all pork which might have been the cause of the outbreak had been eaten or otherwise disposed of.

All the traders concerned during the month of March received allocations of English and imported frozen Danish sow sides and frozen New Zealand pig heads (without tongues) ; the imported consignments had the certificates of inspection of the country of origin attached. Although these sides were still frozen hard on arrival at Nottingham, it was not known how long or how deep the freeze had been. The holding of pork carcasses at a temperature of 5°F. for 20 days is said to destroy trichinella cysts effectively though it is unreliable if the carcase is more than six inches thick.

Some part of this consignment of pork sides was viewed with suspicion—a large percentage of it having been used in the manufacture of sausages—a product which is nearly always undercooked. Of the total of 18 cases in the City, 15 had partaken of pork sausages on one or more occasions during the previous 3—4 weeks.

Pork pies were not suspect because the pies actually bubble with the great heat required in cooking. Similarly, although 18 cases had purchased their ration of bacon, all reported that it was well cooked and consequently not likely to transmit infection.

The following table of pork products consumed by the 18 cases (all adults) within the four weeks before the illness, is instructive, and emphasises the fact that pork sausages must be regarded as the vehicle of transmission of this particular outbreak.

<i>Total No. of cases</i>	<i>Sausage</i>	<i>Cooked ham</i>	<i>Roast pork</i>	<i>Pork chops</i>	<i>Pork pie</i>	<i>Bacon</i>
18	15	8	11	2	2	16

No specimens of infected pork products were isolated and therefore it was impossible to state the actual origin of the infection.

Trichiniasis is a very rare disease in this country and is contracted through eating the flesh of pigs containing the cystic stage of *Trichinella Spiralis*, which is found in the muscles of the infected pig, particularly the diaphragm, shoulder, rib and neck muscles. Adequate cooking of the infected meat destroys the parasite and prevents the possibility of transmitting infection ; transmission to human beings can therefore only take place if pork or pork meat products have been undercooked.

The condition is an extremely difficult one in which to trace the original source of the infection because by the time a diagnosis has been established a few weeks may have elapsed since the infected meat was consumed, and thus any remnants will have long since been discarded. Such investigation in retrospect can only yield a possible source by means of circumstantial evidence, and seldom the actual source by means of isolation of a specimen of infected food.

Food Poisoning—General. The incidence of other forms of food poisoning was not so high as in 1952 ; notifications totalling only 21.

All the notified cases occurred sporadically throughout the year, with the exception of one outbreak which affected 4 children and 1 teacher following a school birthday party. In this case the food preparation was found to be satisfactory and specimens from those affected and from all members of the school staff were negative.

Bacteriological examination of the faeces of other notified cases revealed that a salmonella organism was responsible in 9 ; in the remaining 7 cases no pathogenic organism was identified.

The salmonellae identified were :—

Typhi murium	..	7 cases
Newport	..	1 case
Richmond	..	1 „

In the course of investigations suspected food stuffs were examined as under :—

Tinned meat loaf (2)
 Pork luncheon meat
 Corned beef loaf
 Pork meat
 Duck egg
 Ham loaf

Only one specimen, that of pork meat—a Bath Chap—showed bacteriological contamination ; a heavy growth of coagulase positive, gram positive cocci and of *Bacillus Proteus* and *Baccillus Coli* had been found. Tracing of the source of the meat revealed that the contamination had occurred in the factory where the Chaps were prepared, and which was already known to the Medical Officer of Health of the area concerned.

Diphtheria. For the fourth successive year there has been no case of diphtheria in the City. Three suspected cases were admitted to hospital but were subsequently found to be non-diphtheritic—all were cases of tonsilitis.

Although the City remains free from diphtheria the disease still occurs sporadically in various parts of the country, affecting mainly non-immunised persons. There remains no doubt that only by maintaining a high standard of immunisation in young children can this disease be kept under control and the population thereby safeguarded.

Acute Anterior Poliomyelitis and Polioencephalitis. The number of cases notified—29—showed an increase of 17 on last year ; there were 2 deaths ; all others recovered, but most cases suffered some degree of paralysis during the course of the illness.

ANALYSIS BY AGES

Age Group	1952		1953	
	Male	Female	Male	Female
0 — 5 ..	1	2	8	6
5 — 10 ..	2	—	4	—
10 — 15 ..	—	—	—	1
15 — 25 ..	1	3	3	3
25 + ..	2	1	1	3

The age distribution shows the trend of recent years ; no longer is the disease purely an “infantile” paralysis since it affects young adults as well as infants.

SEASONAL INCIDENCE

Season	No. of Cases Quarter			
	1st	2nd	3rd	4th
1952 ..	1	1	2	8
1953	2	3	12	12

All cases were admitted to Heathfield Isolation Hospital during the acute infectious state, and those with residual paralysis were subsequently transferred to the care of orthopaedic surgeons.

The uncorrected notification rate for England and Wales during 1953 was 10·9 per 100,000 population. Most areas had an incidence rate of over 10 per 100,000, but in Nottingham the rate was only 9·04 per 100,000 population.

Acute Dysentery. The number of notified cases was 111. All were of Sonne dysentery, which is often a relatively mild condition.

Among 14 of the families investigated during the year, 27 further cases were discovered only after routine bacteriological examination, all of whom would have been "missed" had no follow-up been carried out.

A small outbreak in one of the day nurseries affected 13 of the children, most of these children being detected by routine bacteriological examination. It is probable that had symptoms alone been looked for many children would have been missed and consequently the outbreak would have been much more extensive. Most of the children returned to the nursery free from infection after six weeks ; some resistant cases were excluded for almost three months.

Control of the disease amongst the general population was accompanied by many difficulties ; the reluctance of some home contacts to submit specimens of faeces for bacteriological examination, the fact that the infection did not always respond satisfactorily to treatment and, in addition, the length of time taken by some carriers to become free from infection. Despite these difficulties, however, investigation continued until the person was free from infection or until further co-operation was refused.

Smallpox. On the 5th November, a ship's steward who had just returned from West Africa was reported as a suspected case of smallpox. He had had no contact with any case of smallpox, so far as he was aware, and had been vaccinated successfully in 1939.

There was a profuse rash on the face and trunk which, in view of his having just returned from abroad, could have passed for smallpox. Close inspection, however, revealed that the distribution of the rash, its order of appearance and the characteristics of the individual lesions were more typical of chicken pox and the notification was amended accordingly.

Scarlet Fever. The incidence of this disease was less than in previous years. The major incidence fell in the 5-9 years age group with 259 cases. No cases occurred under the age of 1 year and only 13 over the age of 14 years.

Scarlet fever continues to present itself as a mild disease with few, if any, complications, and although 71 of the notified cases were admitted to hospital it was principally because of home circumstances and not on account of the severity of the disease.

Measles. The end of 1952 saw the beginning of an epidemic of measles which was continued into the first three months of 1953, when an additional 2,600 cases were notified.

The number admitted to hospital was 34 ; there was one death.

In the past measles frequently appeared on death certificates of young children and in a high proportion of cases it was the complications rather than the disease itself which determined the fatal issue. In recent years there has been a considerable fall in the number of measles deaths—there has been only one in the City during the past 2 years, in spite of 7,030 notifications during

the same period. This is encouraging and is probably the result of several causes. Parents are realising that measles can be a serious disease in children and are seeking medical attention more frequently because there is now no financial barrier to medical attention. In turn the doctor is able to undertake treatment early in the illness and thus by the use of antibiotics lessen the chances of complications.

Whooping Cough. This disease, unlike the other common infectious diseases, remained a serious condition with a continued high incidence, a relatively high mortality rate especially under the age of 1 year, and a high percentage of complications. The cases occurred at a fairly constant rate throughout the year.

The incidence during the past six years is given :—

	1948	1949	1950	1951	1952	1953
Notifications	1,287	472	1,424	1,345	1,240	1,104
Deaths ..	7	1	5	7	3	3

In the past six years, 26 children have died as a result of whooping cough, and in the past two years, 5 out of the total of 6 deaths occurred in infants under the age of 1 year. *Whooping cough* is therefore a serious disease in children, particularly in those under the age of 1 year, and its prevention is about to be undertaken.

Contacts or Carriers of Infectious Diseases. The authority given under the Ministry of Health Circular 115/48 authorising the Medical Officer of Health to certify contacts or carriers of infectious disease for exclusion from work on account of their infection and to receive sickness benefit was issued on 7 occasions. In each case the person was associated with handling food and it proved impossible or inexpedient to provide alternative employment not potentially dangerous to the general public.

Certificates were issued in respect of dysentery 1, poliomyelitis 2, and scarlet fever 4 ; a total of 7 cases.

Venereal Disease. New cases of syphilis numbered 58, a decrease of 15 from 1952 ; most of the cases were discovered in the tertiary stage.

New cases of gonorrhoea in the city numbered 256 compared with 214 in 1952. The incidence of gonorrhoea which decreased steadily from 757 new cases in 1946 to 199 new cases in 1951 showed a rise in the last two years.

NUMBERS OF NEW CASES

	1946	1947	1948	1949	1950	1951	1952	1953
Syphilis ..	384	306	270	210	121	63	73	58
Gonorrhoea ..	757	448	352	245	267	199	214	256
	1,141	754	622	455	388	262	287	314

SANITARY SERVICES

The Sanitary Inspectors made progress in the improvement of housing conditions, the supervision of food, the hygiene of food premises and in the prevention of atmospheric pollution. The Housing and Food and Drugs Bills now before Parliament will result in legislation which will assist in further improving housing conditions and in the enforcement of higher standards of food hygiene.

Further steps were taken towards the clearance of insanitary areas and over 1,000 unfit houses in the Radford and Sneinton districts were inspected. Every endeavour was also made to maintain in a reasonable state the large numbers of sub-standard houses in the City and to abate serious nuisances in them.

At Clifton where nearly 2,000 houses are completed, a smokeless area is being developed. The scheme is proving successful and of great interest to other local authorities, several of whom have asked for details or have appointed deputations to visit the Estate.

Additional powers to deal with industrial pollution of the atmosphere contained in the Nottingham Corporation Act, 1952 came into force. The new provisions make it an offence for any person to install in the City any furnace for steam raising or for any manufacturing or trade purpose unless it is, as far as practicable, capable of being operated continuously without emitting smoke.

The Heating Appliances (Fireguards) Act, 1952 and the regulations made thereunder, came into operation during the year and were made the responsibility of the Chief Sanitary Inspector.

THE YEAR'S WORK

NOTICES

INFORMAL

TOTAL NUMBER SERVED	10,856
TOTAL NUMBER COMPLIED WITH	10,162

Details of Nuisances Found :

	Nuisances etc. found	Nuisances * etc. remedied
Houses—filthy	36	34
„ —verminous	5	2
Drains—clearance of	83	155
„ —repair of	210	276
Panterpits—abolition of	23	2
Additional water-closets—provision of	3	5
Water-closets—clearance of	90	106
„ „ —repair of	1,635	1,573
Closets—cleansing of	7	3
Courts, Yards and Passages—paving of	1	—
„ „ „ —cleansing of	10	2
„ „ „ —repair of	299	309
Nuisance from pigs	2	2
„ „ fowls	4	4
„ „ other animals	3	3
„ „ accumulations of refuse	37	34
Dustbins—provision of	2,343	2,172
Miscellaneous nuisances	442	427
Tents, Vans and Sheds	2	3
Houses-let-in-lodgings	26	20
Factories (with mechanical power)	211	140
„ (without mechanical power)	5	3
Workplaces	46	26
TOTAL	5,523	5,301

* Includes remedial action taken on notices outstanding on 31st December, 1952.

Defects in Houses

				Defects found	Defects * remedied
Roofs	..	..	..	2,113	1,922
Walls	..	..	..	1,445	1,336
Floors and Ceilings	..	..	..	1,128	1,072
Windows	..	..	..	1,843	1,626
Fireplaces	..	..	..	887	869
Coppers	..	..	..	90	108
Sinks provided	..	..	..	43	59
„ —repair of	..	..	..	277	270
Defective water pipes and fittings	..	..	..	89	100
„ rainwater conductors	..	..	..	1,061	1,001
Others	..	..	..	766	730
TOTAL	..	..	..	9,742	9,093
Number of Defective Houses dealt with				..	5,667

STATUTORY**Notices under Public Health Act, 1936**

				Served	Complied * With
Sect. 39	Drainage	..	..	348	304
„ 44	Inadequate Closet				
	Accommodation	..	..	9	5
„ 45	Closets	..	..	45	36
„ 46	Sanitary Accommodation in				
	Workplaces	..	..	1	1
„ 56	Paving of Courts, Yards and				
	Passages (Dwelling-houses)			161	153
„ 75	Dustbins	..	..	770	820
„ 83	Dirty houses	..	..	1	3
„ 92 (a)	Houses	..	..	154	90
„ (b)	Others	..	..	—	1
„ 287	Notice of Entry	..	..	6	6

Notices under Nottingham Corporation Act, 1923

Sect. 64	Paving of Courts, Yards and				
	Passages (Other Premises)			—	5
„ 73	Repair of water-closets	..	..	265	181

* Includes remedial action taken on notices outstanding on 31st December, 1952.

Notices under Nottingham Corporation Acts 1935 and 1952.

	Served	Complied * With
Cleansing and repair of drains, water-closets and soil pipes	148	223

Notices under Housing Act, 1936

Sect. 9	1,409	1,368
TOTAL	3,317	3,196

Number of Inspections

First Visits	18,214
Re-Visits	27,672
TOTAL	45,886

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 616 cases as follows :—

	£	s.	d.
Nottingham Corporation Act, 1923, Sect. 73 ..	66	0	1
„ „ „ 1935, „ 19 ..	109	4	8
„ „ „ 1952, „ 72 ..	8	3	6
Housing Act 1936, Sects. 9 and 10	910	2	11
Public Health Act, 1936, Sect. 39	221	5	7
„ „ „ „ „ 44	26	6	8
„ „ „ „ „ 45	14	14	7
„ „ „ „ „ 56	151	8	2
	£1,507	6	2

In addition, the cost of new dustbins supplied by the Corporation in cases where owners or occupiers had failed to comply with notices served and where steps were taken to recover this amount was £545. 19s. 7d.

* Includes remedial action taken on notices outstanding on 31st December, 1952.

ATMOSPHERIC POLLUTION

Recorded figures for smoke emissions from industrial chimneys continued to show a reduction. Although the fuel supply position improved, inferior or unsuitable fuels were responsible for some of the complaints of excessive emissions of smoke.

The standard of smoke emissions from chimneys in Nottingham, other than those of private houses, is two minutes black smoke in the aggregate during a continuous period of thirty minutes ; any emission in excess of that limit is deemed to be a nuisance.

Monthly Average Emission of Dense Smoke per Chimney.

January ..	1.63 minutes	July ..	0.94 minutes
February ..	1.75 "	August ..	0.56 "
March ..	1.82 "	September ..	0.89 "
April ..	1.07 "	October ..	1.13 "
May ..	1.10 "	November ..	1.15 "
June ..	1.82 "	December ..	1.18 "

Observations and Notices	1952	1953
Half-hourly observations of chimneys ..	1,329	1,103
Total No. of minutes dense smoke emitted	1,691	1,382
Average No. of minutes of dense smoke per chimney	1.30	1.256
Intimation Notices served	69	49
Advisory visits (including verbal cautions) ..	409	417
Statutory Notices served	17	10
Complaints investigated	128	156
Cases where work was executed for smoke and/or grit nuisance abatement	36	33

Work carried out by Owners.

Chimney stacks erected or extended ..	9	7
" " dismantled	2	5
Boilers converted from hand to mechanical stoking	20	4
Mechanical stokers overhauled or renewed ..	18	5
New boilers installed	9	5
Grit arresting apparatus installed	—	2
" " " repaired	—	12
Estimated cost to the owners	£74,710	£38,050

Measurement of Atmospheric Pollution. Six stations, each equipped for the measurement of deposited solids from the atmosphere and of the sulphur content of the air, continued in operation and an additional station, similarly equipped, was established at Clifton in February.

Summary of Analyses*

	Deposited Solid Matter in Tons per Square Mile			Lead Peroxide
	Annual	Max. monthly	Av. monthly	Max. figures mgm. S.O. ₂ per day per 100 sq. cm.
City Centre ..	244·97	30·17 : Jan.	20·41	4·43 : Nov.
Basford ..	278·74	31·89 : Jan.	23·22	2·15 : Nov.
Bulwell ..	235·52	25·77 : July	19·62	1·62 : Dec.
Clifton† ..	251·38	37·64 : Feb.	22·85	1·68 : Dec.
Meadows ..	238·87	30·55 : Jan.	19·90	3·73 : Mar.
Mapperley‡ ..	123·25	16·91 : Feb.	12·32	2·19 : Nov.
Wollaton ..	123·91	16·17 : July	10·32	0·99 : Dec.
Av. for City..	213·80	—	18·37	—

*For full details see page 176.

†Exposed for only 11 months.

‡Only 10 months results available due to interference.

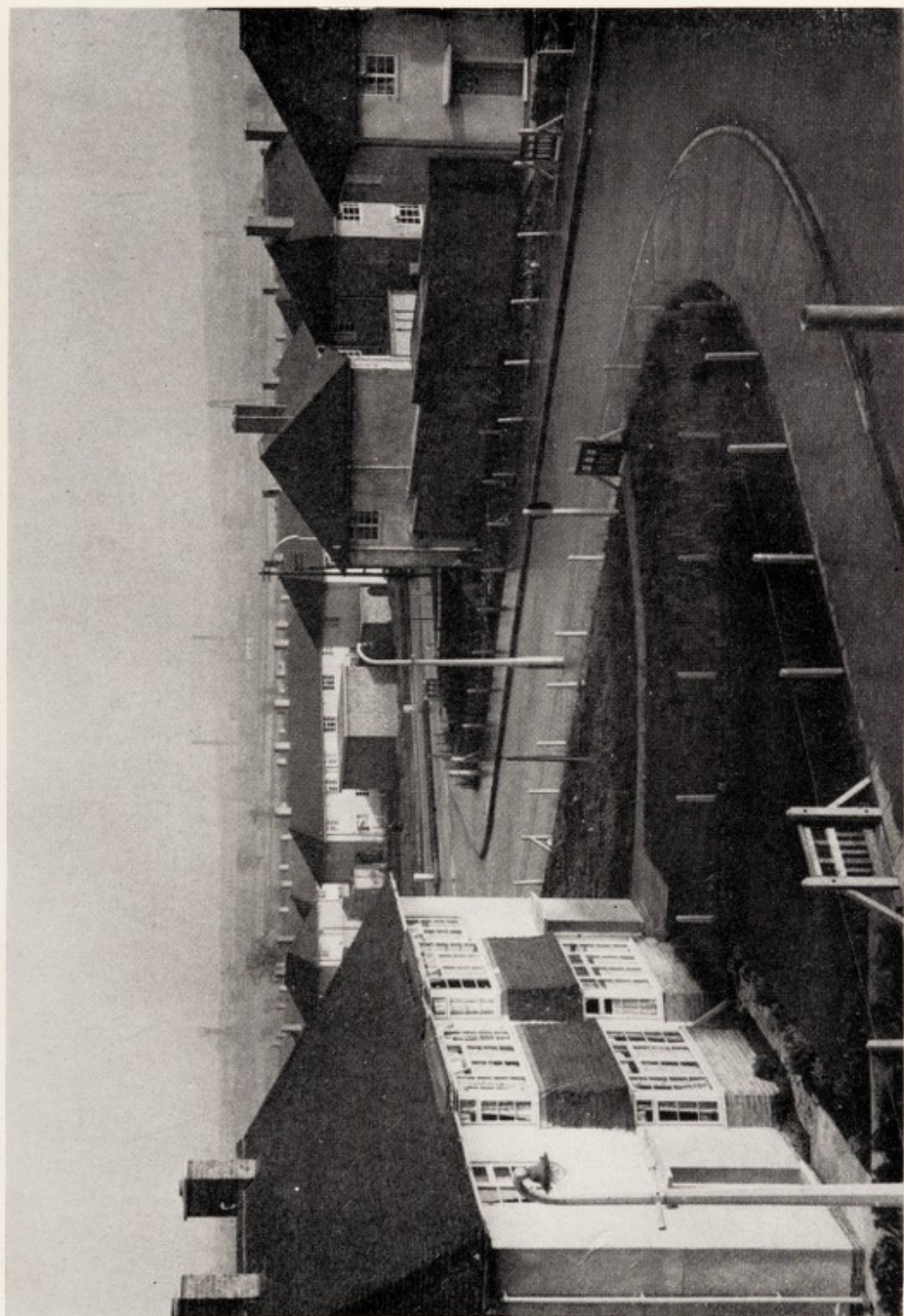
The results confirmed that the most heavily polluted areas were those at Basford and the Meadows and that Mapperley and Wollaton show considerably lower deposits than the industrial areas.

The Department of Scientific and Industrial Research point out that 'month to month variations in deposited matter are often the result of variations in weather, and a long period of

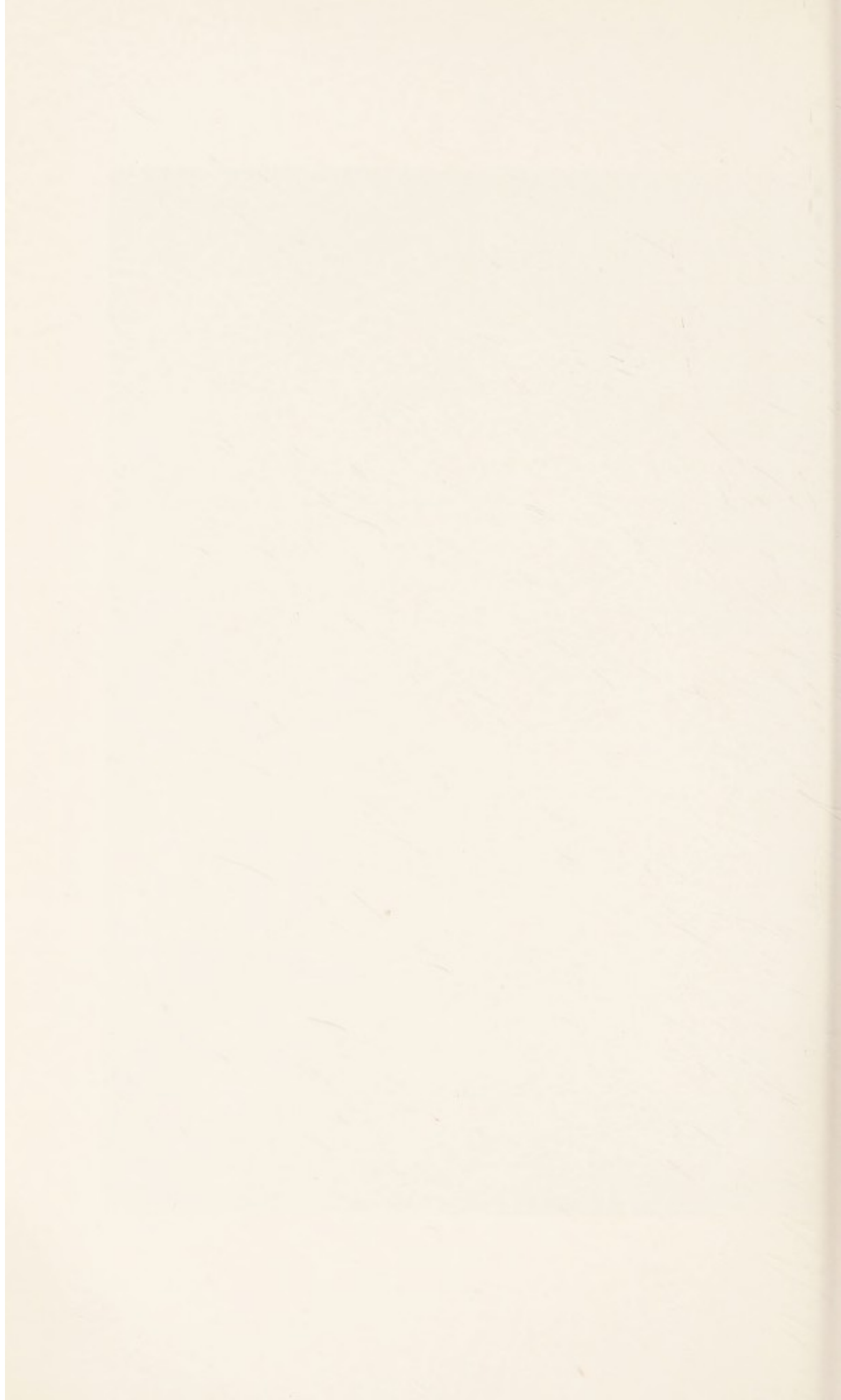


HOUSEHOLD CHIMNEYS ARE RESPONSIBLE FOR HALF THE POLLUTION . . .





A SMOKELESS ZONE IS BEING DEVELOPED
12.30 p.m. 26TH DECEMBER, 1953



observation, perhaps five years, is needed before reliable conclusions can be drawn about the average level of pollution or about the rate at which it is being produced'.

Prior Approval of Plant for Steam Raising, etc. The provisions of Section 85 of the Nottingham Corporation Act, 1952, came into operation in February, 1953. Besides making illegal the installation of steam raising plant which cannot be operated without smoke production, the Section also made permissive the granting of prior approval of plans of furnaces, etc., before work is commenced.

WATER SUPPLY

The water supply was satisfactory from the angle of purity, and all but a few houses in remote situations were supplied direct from the mains.

The City Water Department carried out frequent sampling—at least monthly—of raw and treated water from all the pumping stations ; bacteriological examinations and chemical analyses were made and the results communicated to the Medical Officer of Health. The closest co-operation to safeguard the purity of the water supply continued between the Water and Health Departments ; the safety of the water was threatened on one occasion.

On June 5th a 24 inch main ten miles west of the City conveying water from the Derwent Reservoir was exposed for repair. In the area, at the foot of a valley, mining operations had caused a degree of subsidence, and exposure of the water main brought about a fracture of a nearby brick built surface water sewer. This resulted in gross contamination of a length of the exposed main.

Immediate measures were taken to seal the sewer and work on the main during Saturday and Sunday was pressed with all speed. The Medical Officer of Health and the Water Engineer were in early conference regarding the sterilisation of the polluted main and in view of the short time available—early recharging was essential for filling the Swingate reservoir to meet the heavy Monday morning demand—chlorine to the extent of 50 parts per million was put into the main and held as long as practicable.

It was decided that no statement should be made to the public, the high chlorination and the subsequent dilution in the reservoir being held to be adequate measures of precaution.

Samples of water taken from the main at hourly intervals after repairs were completed confirmed the high degree of chlorination and, over the space of four hours, a fall in the bacteriological count. Subsequent samples taken from the reservoir were found to be negative.

No untoward consequences occurred.

SWIMMING BATH WATER

All the swimming baths in the City are owned and controlled by the Corporation. They comprise three open-air lidos and seven indoor baths, and of the ten swimming baths, only five indoor baths are kept in use for swimmers during the winter months.

During the year samples of the water were taken at intervals and submitted to the City Analyst for chemical and, if necessary, bacteriological examination. A total of 36 samples was taken and only one was reported upon as being under-chlorinated, the remainder being satisfactory. The Baths Superintendent was notified of the results of all the samples and in the case of the sample reported upon as being under-chlorinated, immediate steps were taken by him to prevent a recurrence and subsequent samples were shown to be satisfactory.

In addition, three samples were taken of the water in the children's paddling pool at Bulwell Lido and these were satisfactory.

All the baths are now equipped with modern break-point chlorinating units.

FACTORIES ACT, 1937

The tables indicate the scope and extent of work carried out. No prosecutions and no references to H.M. Inspectors were necessary.

PART I

Inspections for purposes of provisions as to health.

Premises	No. on Register	Inspections Made	Written Notices Served
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	276	156	7
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	2,138	1,507	235
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ..	1	—	—
TOTAL	2,415	1,663	242

Details of Defects.

Nature	Found by Sanitary Inspectors	Referred by H.M. Inspectors	Remedied*
Want of cleanliness	8	—	4
Overcrowding	2	—	—
Unreasonable temperature	6	—	4
Inadequate ventilation	1	—	2
Ineffective drainage of floors	—	—	—
Sanitary Conveniences :			
(a) Insufficient	1	—	5
(b) Unsuitable or defective	218	24	119
(c) Not separate for sexes	—	—	—
Other offences against the Act (not including offences relating to Outwork)	14	—	10
TOTAL	250	24	144

* Includes defects found but not remedied in 1952.

Outwork

Outworkers employed in the City totalled 2,260 and 1,754 visits were paid to their premises which, in eight cases, were found to be unwholesome.

Nature of Work.	No. of Outworkers	
	1952	1953
Lace, lace curtains and nets	912	1,102
Wearing Apparel :—		
Making etc., cleansing and washing ..	583	970
Nets, other than wire nets	179	101
Carding etc. of buttons, hooks and eyes, pins and hair pins	41	39
Household linen	53	28
Brass and brass articles	26	15
Weaving of textile fabrics	4	2
Paper bags	1	2
Brushes	—	1
	1,799	2,260

SHOPS ACT, 1950

The work, summarised below, required 801 first visits and 16 re-visits.

Health and Comfort of Shopworkers

Details of action under the provisions of the Act :—

Details	Notices	
	Served	Complied With*
Absence of forms required by the Act	11	9
Sanitary accommodation :		
Insufficient, unsuitable or defective	5	5
Walls and ceilings, cleansing of	—	4
Accumulations, removal of	—	1
Want of ventilation	1	—

* Includes notices served but not complied with in 1952.

The provisions of the Act relating to closing hours, early closing days, etc., were generally well observed during the year. One shopkeeper was prosecuted for carrying on retail trade during the weekly half-holiday and a penalty of 10/- was imposed.

There was no suspension of the general closing hours for shops during the period immediately before Christmas. An observation of the principal streets on Christmas Eve showed that most shops had closed before the prescribed hours.

During the year four trade exhibitions were held in various halls in the City and in two cases exemption was given under Section 42 of the Act to enable exhibitors to carry on retail trading after the general closing hours. There was no cause for complaint.

YOUNG PERSONS (EMPLOYMENT) ACT, 1938

Five inspections only were required.

PUBLIC HEALTH ACT, 1936**MISCELLANEOUS PROVISIONS****Workplaces**

Action was required in 17 cases of unsatisfactory sanitary accommodation for employees, and in 5 cases because of uncleanliness of premises.

Houses-let-in-lodgings

Houses-let-in-lodgings provide a most unsatisfactory form of accommodation but their existence is encouraged by the present-day housing shortage. Many of the large old houses in the City are used to house several families giving poor facilities and amenities for the occupants. Moreover, overcrowding problems frequently arise in such premises.

There are 166 known houses-let-in-lodgings in the City but this does not represent the total number as there is no obligation upon the "occupiers" to inform the local authority of the existence of such establishments.

The Bye-laws regarding the cleansing and decoration of such premises during the month of April were enforced in those houses registered by the Authority.

Common Lodging Houses

There are only two establishments now in use in the City. One is a Municipal Hostel known as "Sneinton House" and the other the Salvation Army Hostel in Aberdeen Street. Both these hostels provide accommodation for men only and are satisfactorily conducted.

Canal Boats

The canals and other navigable waters within the City have been visited on ten occasions during the year and eight boats were inspected. Visits were made at various times and the Inspector was allowed free access to the cabins ; there were no women or children on the craft.

It was not necessary to serve a notice for any contravention, no case of infectious disease was reported nor was it necessary to detain any boat for cleansing or disinfection.

There were no new registrations during the year ; the number of boats now in use and registered by this Authority is forty-one.

KNACKERY

The knackers' yard situated in the Nottingham Corporation's Eastcroft Depot, London Road, was under constant supervision and the records of animals killed and the carcasses brought in to the premises were inspected regularly.

There was no cause for complaint regarding the working methods carried out at this establishment.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The Chief Sanitary Inspector and four members of his staff are Authorised Officers for all purposes of the Act.

The table shows the number of licences and registrations in force :—

Upholstery premises registered	..	..	37
Licences to store rag flock	..	..	4
„ „ manufacture rag flock	..	..	—

Sixty-one samples of various types of filling materials were taken and submitted for analysis and the following were found to be unsatisfactory :—

	Action Taken.
Sample No. 13 (Informal) Rag Flock (Layered) contained excess soluble impurities 0·8% and excess chlorine 66 parts per 100,000.	Followed by formal sample No. 15.
Sample No. 15 (Formal) Rag Flock (Layered) contained excess soluble impurities 1·3% and excess chlorine 136 parts per 100,000.	Prosecution. Fined £5 and costs £2. 1s. 6d.
Sample No. 25 (Informal) New Cotton Millpuffs contained excess trash 0·7%.	Followed by formal sample which proved satisfactory.
Sample No. 35 (Informal) New Cotton Millpuffs contained excess oil 0·3%.	Letter to manufacturers.
Sample No. 54 (Informal) Cotton Felt contained excess trash 1·9%.	Followed by formal sample No. 55.
Sample No. 55 (Formal) Cotton Felt contained excess trash 1·7%.	Letters to manufacturers and to British Standards Institution. Consignment withdrawn by manufacturers for re-processing.
Sample No. 58 (Informal) Sisal and Cotton Felt Pads—contained excess trash 1·4%.	Consignment withdrawn by manufacturers for re-processing.
Sample No. 59 (Informal) Washed Flock (Layered) contained excess oil and soap 0·9%.	Followed by formal sample which proved satisfactory.

MEASURES AGAINST RODENT AND INSECT PESTS

Although there are indications that the rat population in the City has been considerably reduced in recent years, vigilance cannot be relaxed owing to the rapidity with which these pests increase where they find suitable harbourage. The majority of the complaints of rat nuisances have been found to be due to defective drains or sewers and it was difficult to trace the defects in the older congested parts of the City. The City Engineer's staff treats the sewers regularly with a view to the destruction of rats and co-operates with the Health Department in dealing with sewers which are found by the Rodent Operators to be infested.

It is frequently found that rats were encouraged and breed because occupiers of premises scatter waste food in yards and gardens ; the unsatisfactory storage of refuse near houses and the erection of sheds without suitable precautions, also provide conditions favouring to breeding.

Many complaints were received about mice from occupiers of old dwelling-houses.

The disinfestation staff dealt with a large number of premises infested with insect pests. Hotels, restaurants, canteens and other food premises were commonly infested with steam beetles and practical help and advice was given in many cases with a view to destroying the insects and to preventing re-infestation.

There was a marked reduction in complaints of mosquitoes due partly to the filling in of large areas of swampy ground in the Lenton area. Nevertheless, accumulations of stagnant water in which mosquitoes were likely to breed were treated with oil when necessary.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

Since the Act came into operation ten premises were visited and thirty-four appliances were examined.

The Act requires all appliances manufactured since 1st October, 1953 to be guarded in accordance with the Regulations and although all the appliances examined were manufactured prior to that date, it is noteworthy that manufacturers have in many cases already fitted guards which comply with the Regulations.

Of nineteen appliances subjected to the prescribed tests, sixteen were up to standard. Of these

One was marked "Guarded in accordance with B.S. 1945",
Eleven were marked "Guarded in accordance with B.S. 1670",
One was marked "Guarded in accordance with B.S.
1945/1670".

Three were unmarked.

PART IV.

MISCELLANEOUS

BIRTH CONTROL

DEPARTMENTAL LAUNDRY

ESTABLISHMENTS FOR MASSAGE OR SPECIAL
TREATMENT

NATIONAL ASSISTANCE ACTS 1948 (Sect. 47)
and 1951—RECORD OF CASES

EPILEPSY AND CEREBRAL PALSY

NOTTINGHAM CREMATORIUM

NURSES ACT 1943—NURSING AGENCIES

NURSING HOMES

PUBLIC MORTUARY

ULTRA VIOLET RAY CLINIC

BIRTH CONTROL

The Nottingham Women's Welfare Centre held 98 Birth Control sessions. The sessions were held twice weekly on Tuesday afternoons and Friday evenings at the Nottingham General Dispensary. A total of 870 women attended the centre, 94 on the recommendation of the family doctors and 633 on their own initiative.

The Corporation assisted financially in accordance with the provisions of the Ministry of Health Circular 1208, 1931, in respect of women referred from the Maternal and Child Health Centres and the Chest Centre ; 191 and 39 women were referred respectively and of these 143 actually attended for advice ; an acceptance rate of 62%.

DEPARTMENTAL LAUNDRY

The project of setting up a laundry to deal with certain articles in extensive use requiring frequent washing rather than a fine finish had been considered for some time. A building was available at the City Occupation Centre and, after certain repairs and adaptations had been carried out, the equipment was installed and the laundry began operation on the 1st of June 1953.

The laundry is on a modest scale consisting of two commercial type washing machines, one hydro extractor, one industrial ironer and several hand irons for reserve and for articles requiring a better finish. The capacity of the laundry is 850 lbs. of washing per week and articles are at present accepted only from the Maternal and Child Health Centres and the City Occupation Centre. A third washing machine has been authorised which will increase the capacity to 1,250 lbs. per week when the service will be extended to other sections of the Health Department.

The choice of premises at the City Occupation Centre was governed not only by the fact that the building was capable of adaptation at moderate cost but that useful training could be thus made available to adult female defectives.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

Part X of the Nottingham Corporation Act 1952 came into operation on the 1st February 1953 rendering all premises within the City used or intended to be used for the treatment of persons requiring massage, electrical treatment or radiant heat, light, electric vapour or other baths for therapeutic treatment, or other similar treatment, subject to licensing by the Corporation. Full details were advertised in the local press and a total number of 23 applications was received.

All applications were investigated by a medical officer who reported on the suitability of premises, equipment, technical qualifications and experience of applicants, and on the conduct of all establishments.

Of the total applications, 8 were exempt from licence, being members of the Chartered Society of Physiotherapists or members of the Faculty of Physiotherapists ; 14 licences were granted in respect of 13 establishments ; 1 application was refused due to unsuitability of the premises.

On 1st November 1953 Bye-laws relating to the conduct and records of such establishments, made under Part X of the above Act, were confirmed by the Secretary of State and became operative on that date.

NATIONAL ASSISTANCE ACTS 1948-1951

All cases which were considered for compulsory removal were investigated by a medical officer and a sanitary inspector and again it was found that compulsion was avoided by persuasion to enter an institution or by the use of the Home Services.

Cases investigated

New cases reported in 1953	..	..	12
Cases carried over from 1952	..	..	—
Cases requiring statutory action	..	..	Nil
„ voluntarily removed to hospital	..	..	5
„ voluntarily removed to hostel	..	..	2
„ remaining at home	..	..	3
No action required	..	..	1
Died	..	..	1
			—
			12
			—

The greatest difficulty in this work was caused by the unwillingness of old people to alter their way of life. An outstanding example of the amount of work necessary to arrange for the patient to have care and attention is quoted in detail :

Mrs. X, aged 73, widow, with no known relations, lived in a flat in a block of old persons' dwellings. She had been well known to the Health Department, the Welfare Department and the National Assistance Board for some years, and in the early part of 1953 her condition showed considerable deterioration. She was eccentric and took no interest in her surroundings so that her flat was in an indescribable state of filth and squalor. Further she did not look after herself properly; her clothes were rags, she never undressed, she fed herself on dry bread and raw fat bacon. She liked a large fire and whenever coal was available shovelled it on with her hands. She never washed so that she was smeared with coal dust from head to foot. She was not therefore an acceptable member of the society in the flats.

She was visited at intervals by no less than fourteen members of the Health Department staff, in addition to visitors from the Welfare Department and the National Assistance Board, and last, but not least, her own Doctor, all of whom had tried to persuade her to enter an Old Peoples' Hostel. This she flatly refused and as the next best thing, her flat was cleaned and colour washed and she was provided with a home helper.

Towards the end of the year, her physical condition got so much worse that it caused her neighbours anxiety, and at last she yielded to the suggestion that she should go to hospital. She died a few weeks after admission. Had she led a more normal life, and especially if she had had adequate and suitable food, it is probable that she would have been able to enjoy several more years of life.

Such a case is food for thought. It is perhaps difficult to take an objective view of a human being in the twentieth century living in such utterly uncivilised conditions ; the cost however of attempting to ameliorate them is so great that no Authority could cope with more than a handful of such people. Fortunately, no other patient during the year needed such extensive attention.

EPILEPSY AND CEREBRAL PALSY

Only those sufferers dealt with by the Education Authority or the Mental Health Service and those registered with the Nottingham and District Cripples' Guild are known. No scheme under Section 29 of the National Assistance Act was in operation though a register of handicapped persons, including these cases, is being prepared. Until a scheme is approved it cannot be said what part will be played by the Local Health Services.

	No. of Persons ascertained		
	Local Education Authority	Mental Health Service	N. & D. Cripples' Guild (not in cols. 1 & 2)
Epilepsy ..	76	63	—
Cerebral Palsy ..	144	7	25

NOTTINGHAM CREMATORIUM

The Southern Crematorium is owned and operated by the Parks Department of the Nottingham Corporation. The Medical Officer of Health, the Deputy Medical Officer of Health and one of the medical officers are the Medical Referees appointed by the Secretary of State in connection with cremation under Regulation 10 of the Statutory Rules and Orders 1930 No. 1016.

The number of cremations carried out during 1953 was the highest on record since the Crematorium opened in 1931, and shows the increasing demand being made upon the service.

In order to meet this, certain extensions were undertaken at the Crematorium ; an additional cremator was installed, making a total of three. It is expected that a fourth will be installed during 1954.

The figures for the past 8 years are given.

Year	ALL CREMATIONS		CREMATIONS OF CITY RESIDENTS		
	No. of Cremations	Increase over previous year	No. of Cremations	Increase over previous year	Percentage of total deaths
1946	1,029	32%	447	36%	12·5%
1947	1,261	23%	473	6%	13·1%
1948	1,420	13%	559	18%	17·2%
1949	2,000	41%	759	36%	21·3%
1950	2,402	20%	917	21%	26·9%
1951	2,856	19%	1,051	15%	28·3%
1952	2,777	— 2·8%	969	— 8·4%	30·5%
1953	3,126	13%	1,139	18%	34·5%
TOTAL 16,871		—	6,314	—	—

The facilities at the Nottingham Crematorium are available to a large area including the City and County of Nottinghamshire, the major part of the counties of Derbyshire and Lincolnshire and the northern part of Leicestershire ; less than half the cremations were of City residents :

Cremation and Residence

Place of Residence						No. of Cremations
City	..	..	..	..	..	1,139
County (excluding West Bridgford)	..	..	..	..	..	791
West Bridgford	..	..	..	..	..	138
Other areas	..	..	..	..	..	1,058
						3,126
						3,126

NURSES ACT 1943 — NURSING AGENCIES

Private nurses were supplied by two Nursing Agencies which had on their registers 31 State Registered Nurses, 7 State Certified Midwives and 11 State Enrolled Assistant Nurses. The two agencies were licensed in 1945 and have been inspected annually by medical officers in accordance with the Nurses Act 1943 and the Nursing Agency Regulations 1945. In both cases the premises, records and staff were found to be satisfactory and licences were renewed.

NURSING HOMES

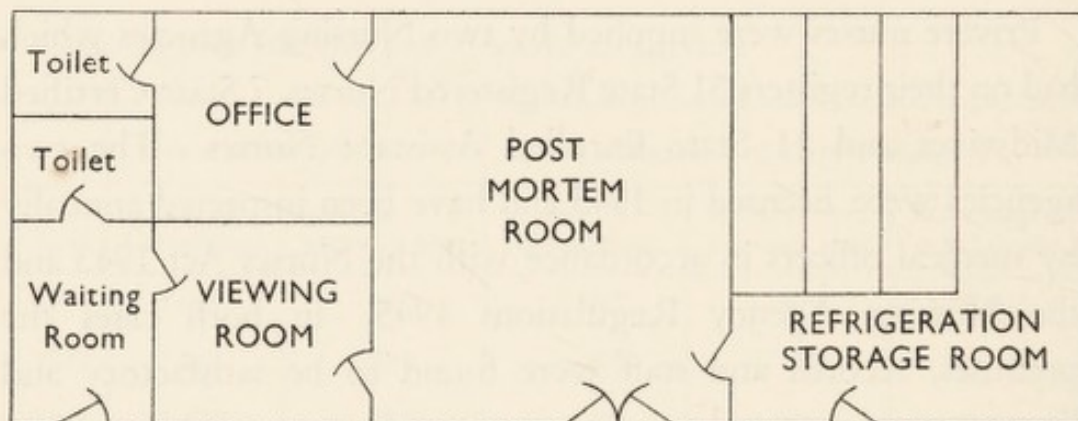
Ten nursing homes were registered during the year—the same number as the previous year—and they provided 25 maternity beds and 50 others. Regular visits of inspection were carried out by medical officers and by the supervisors of midwives under sections 187-195 of the Public Health Act 1936.

PUBLIC MORTUARY

Most of the cases dealt with came under the jurisdiction of the City Coroner who had charge of 313 of a total of 663 bodies admitted ; 210 post-mortem examinations were carried out.

Following upon the improvements made to the post-mortem room in 1952 further alterations are in the course of completion. These will provide a small office, a viewing room for relatives identifying bodies, and toilet accommodation for staff and visitors.

When the alterations are complete, as shown in the accompanying outline, the facilities provided will be satisfactory.



ULTRA VIOLET RAY CLINIC

A summary of the work carried out is given in the following table :—

Analysis of Cases :—				1952	1953
No. of cases from previous year	..			214	295
New cases	..	..	..	390	362
				—	—
Total number of cases treated	..			604	657
City patients	..	..	..	583	644
County patients	..	..	..	21	13
				—	—
				604	657
Number of Adult Patients (Male)	..			178	161
„ „ „ „ (Female)	..			205	258
„ „ Patients 5-15 years	..			69	91
„ „ „ 0-5 years	..			152	147
				—	—
				604	657
No. of Cases discharged or ceased to attend	..	..	..	309	357
No. of Cases carried forward	..			295	300
				—	—
				604	657
Number of Treatments :					
Total Number of Treatments given	..			12,120	12,759
Average Number of Treatments per patient	..	..	..	20·1	19·4

PART V.

HEALTH COMMITTEE

„ „ STAFF

„ „ REPORTS TO THE CITY
COUNCIL

ATTENDANCES AT DAY NURSERIES

„ „ WELFARE CENTRES

THE TUBERCULOSIS REGISTER

HOME NURSING SERVICE—

RECORD OF PATIENTS NURSED

INCIDENCE OF BLINDNESS

MEASUREMENT OF ATMOSPHERIC POLLUTION

SICKNESS RETURNS—MINISTRY OF NATIONAL
INSURANCE

FINANCIAL SUMMARY

DETAILS OF SAMPLING OF “OTHER FOODS”

HEALTH COMMITTEE
1953

LORD MAYOR :
COUNCILLOR CHRISTOPHER COFFEY, J.P.

CHAIRMAN :
ALDERMAN ERNEST PURSER

VICE-CHAIRMAN :
COUNCILLOR (Miss) GLEN BOTT, J.P., M.B., B.S., F.R.C.O.G.

ALDERMAN R. ARBON

ALDERMAN W. CRANE, J.P.

ALDERMAN H. O. EMMONY J.P.

COUNCILLOR C. CAMERON, J.P.

COUNCILLOR (Mrs.) L. E. CHAMBERS, J.P.

COUNCILLOR C. E. GIBBS

COUNCILLOR (Mrs.) A. L. HAMILTON

COUNCILLOR J. W. KENYON

COUNCILLOR L. MITSON

COUNCILLOR W. H. MURDOCK

COUNCILLOR A. W. NORWEBB, J.P.

COUNCILLOR G. B. SHAW

COUNCILLOR EDWARD SMITH

COUNCILLOR (Mrs.) M. E. WOOD

HEALTH COMMITTEE STAFF

Medical Officer of Health—

WILLIAM DODD, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health—

ELSPETH M. WARWICK, M.B., Ch.B., D.P.H.	From 12.3.53.
RONALD W. ELLIOTT, M.D., M.Sc., D.P.H.	To 11.3.53.

Senior Medical Officers—

PATRICIA H. S. SHAW, M.D., D.P.H., Barrister-at-Law.	From 2.2.53.
<i>Prevention Care and After-Care.</i>	
FRANCES M. EARLE, M.D., D.C.H., D.P.H.	From 15.6.53.
ELSPETH M. WARWICK, M.B., Ch.B., D.P.H.	To 11.3.53.
<i>Maternal and Child Health.</i>	

Medical Officers—

WILLIAM EDGAR, M.B., Ch.B., D.P.H., D.C.H.
 W. MARY MARKHAM, M.R.C.S., L.R.C.P., D.C.H. From 19.10.53.
 FREDA M. CHALKLEY, M.R.C.S., L.R.C.P.
 JANET B. DALGETTY, M.B., Ch.B.
 SYLVIA M. MATTHEWS, M.B., B.S.
 NELLIE M. PLOWRIGHT, M.B., Ch.B., D.C.H.
 MEGAN E. WILKINSON, M.B., Ch.B.

City Analyst.

W. W. TAYLOR, B.Sc., F.R.I.C. †

John Ryle Health Centre—

Nurse/Secretary—MISS C. HOLMES, S.R.N., S.C.M.

Midwifery.

Supervisors —MISS S. M. HOWARD, S.R.N., S.C.M. To 28.2.53.
 MISS D. BACKHOUSE, S.R.N., S.C.M., R.F.N. To 5.6.53.
 MISS E. E. JONES, S.R.N., S.C.M., H.V., Q.N. From 8.6.53.
Assistant Supervisor—MISS M. M. LE MANQUAIS, S.R.N., S.C.M.,
 R.F.N., M.T.D. From 23.3.53.
District Midwives—36 Full-time.

† Part-time.

Health Visiting.*Superintendent*—MISS M. W. BEATTY, S.R.N., S.C.M.*Deputy Superintendent*—MISS M. MACFIE, S.R.N., S.C.M.*Student Health Visitor Tutor*—MISS D. T. HOGG, S.R.N., S.C.M.*Senior Health Visitor for Tuberculosis*—MISS E. CALEY, S.R.N., S.C.M.*Health Visitors*—Maternal and Child Health — 27.

Tuberculosis — 6.

Students — 11.

Day Nurseries.*Supervisor*—MISS K. THOMPSON.ARNOLD ROAD .. *Matron*—MISS E. HALLS, C.N.N.
Nursery Nurses—6.BELLS LANE .. *Matron*—MISS M. R. M. DALE, C.N.N.
Nursery Nurses—5.
Warden 1.BULWELL .. *Matron*—MISS D. GARSIDE, S.R.N.
Nursery Nurses—5.
Warden —1.DOWSON .. *Matron*—MRS. P. BATES, C.N.N.
Nursery Nurses—4.
Warden —1.HEATHCOAT STREET *Matron*—MISS J. TALBOT.
Nursery Nurses—5.
Warden —1.PIERREPONT .. *Matron*—MRS. M. STEED, S.R.N., S.C.M.
Nursery Nurses—6.QUEEN'S DRIVE .. *Matron*—MRS. E. MACKINTOSH, S.R.N., S.C.M.
Nursery Nurses—6.RADFORD .. *Matron*—MRS. M. A. R. NAYLOR, S.R.N.
Nursery Nurses—5.
Warden —1.SYCAMORE ROAD .. *Matron*—MRS. H. ROSS, R.S.C.N., C.N.N.
Nursery Nurses—5.
Warden —1.**Mother and Baby Homes.**1 QUEEN'S DRIVE *Matron*—MRS. E. MACKINTOSH, S.R.N., S.C.M.8 MAPPERLEY ROAD *Matron*—MRS. M. SHAW, S.C.M. From 14.12.53.**Tuberculosis.**

JOHN V. WHITAKER, M.B., Ch.B., D.T.M. & H., D.P.H. *

FREDK. H. W. TOZER, M.D., B.S., M.R.C.P. *

WILFRED H. RODERICK SMITH, M.B., B.S., M.R.C.S., L.R.C.P. *

*In conjunction with Regional Hospital Board.

Social Workers.

MRS. K. M. ADAMS.	From 1. 4.53.
MISS M. BOTTOMS.	From 5. 8.53.
MISS C. M. HALLING.	From 1.12.53.
MISS A. C. REID, A.M.I.A.	To 6. 8.53.

Home Nursing.

Superintendent—MISS M. M. KNOTT, S.R.N., S.C.M., H.V., Q.N.

Senior Assistant Superintendent—

MISS O. KEYWOOD, S.R.N., S.C.M., H.V., Q.N. From 1.2.53.

Assistant Superintendent—Vacant.

Home Nursing Sisters—59.

Home Help Service.

Organiser—MRS. L. E. GRAY.

Divisional Organisers—

MRS. M. B. BATES.

MRS. D. M. CLULOW.

From 1.3.53.

MRS. K. A. STEVENSON.

MISS E. L. WILSON.

Case Workers. — 5.

Home Helpers —Full-time —176.

—Part-time —297.

Mental Health.

DUNCAN MACMILLAN, M.D., B.Sc., F.R.C.P.E., D.Psych. ★
Physician-Superintendent, Mapperley Hospital.

HENRY FISHER, M.D., L.R.C.P., L.R.C.S., D.P.M. ★
Dep. Physician-Superintendent, Mapperley Hospital.

THOMAS R. FORSYTHE, M.D., D.P.M. ★
Consultant Psychiatrist, Mapperley Hospital.

WILFRID L. JONES, M.B., B.S., D.P.M. ★
Consultant Psychiatrist, Mapperley Hospital.

JULIUS KAMIENIECKI, Ph.D., M.A., LL.M. ★
Senior Psychologist.

KENNETH O. MILNER, M.D., M.R.C.S., L.R.C.P., D.P.M. ★
Physician Superintendent, Aston Hall Institution.

Mental Health Officer—J. E. WESTMORELAND.

Deputy Mental Health Officer—G. E. HIBBARD.

Duly Authorised Officers—7.

City Occupation Centre Organiser—MISS E. L. GRANGER.

City Occupation Centre Staff—10.

★In conjunction with Regional Hospital Board.

Ambulance Service.

General Manager—B. ENGLAND, M.I.Mech.E., M.Inst.T.

Superintendent—A. K. HICKS.

Deputy Superintendent —J. W. GANNON. To 4.6.53.

„ „ —R. G. YATES. From 13.7.53.

Sanitary Inspection.

Chief Sanitary Inspector—A. WADE, M.B.E., F.R.San.I.

Deputy Chief Sanitary Inspector—R. YOUNG, M.R.San.I.

Senior Inspector of Meat and other Foods—F. RICHARDSON, Cert.R.San.I.

Sanitary Inspectors, all branches—28.

„ „ *Trainees*—3.

Smoke Inspector—1.

Female Housing Officers—4.

Ultra Violet Ray Clinic.

HENRY N. JAFFE, M.B., B.S. †

SOPHIA K. G. STUART, M.A., M.B., Ch.B. †

Secretary/Attendant—MRS. D. A. MORRIS.

Nurse Attendants—2.

Clerical.

Administrative Assistant—C. V. TUBB, D.P.A.

Chief Clerk—J. C. SLIGHT.

Clerks, all sections—49.

Other Staff.

Caretakers—2.

Maintenance Assistant—1.

Mortuary Attendants—2.

Rodent Operators—6.

Van Drivers—3.

†Part-time.

M.O.H. REPORT 1953

REPORTS
OF THE
HEALTH COMMITTEE
TO THE
CITY COUNCIL

**AS TO THE MAKING OF BYELAWS RELATING TO
ESTABLISHMENTS FOR MASSAGE OR SPECIAL
TREATMENT IN PURSUANCE OF PART X OF THE
NOTTINGHAM CORPORATION ACT, 1952.**

THE HEALTH COMMITTEE

Beg to report

That following the decision of the City Council at the meeting on 6th October, 1952 to bring into operation on 1st February, 1953, the provisions of Part X of the Nottingham Corporation Act, 1952, relating to establishments for massage and special treatment they have considered exercising the byelaw making powers conferred by this Part of the Act in order to give full effect to its provisions.

Your Committee are of opinion that byelaws in the form set out in the schedule hereto are necessary in order to regulate establishments for massage and special treatment in a satisfactory manner.

These byelaws have been submitted to the Home Office and notification has been received that, subject to the consideration of any objections which may be made, the Secretary of State will be prepared to confirm them. A contravention of the byelaws is punishable by a penalty not exceeding £5 and in the case of a continuing offence a daily penalty not exceeding £2.

Your Committee recommend that these byelaws be made and submitted to the Secretary of State for confirmation and that the Town Clerk be instructed to take all necessary steps in the matter.

Dated this 3rd day of February, 1953.

THE SCHEDULE REFERRED TO.

City of Nottingham,
and County of the same City.

To Wit:

BYELAWS MADE BY THE LORD
MAYOR ALDERMEN AND CITIZENS
OF THE CITY OF NOTTINGHAM AND
COUNTY OF THE SAME CITY, acting

by the Council, at their meeting on the 27th day of July, 1953, in pursuance of Part X of the Nottingham Corporation Act, 1952, with respect to Establishments for Massage or Special Treatment.

DEFINITIONS.

1. Throughout these byelaws the following words and expressions shall, unless the context otherwise requires, have the meanings hereafter assigned to them, that is to say :

“The Council” means the Lord Mayor, Aldermen and Citizens of the City of Nottingham, acting by the Council.

“Licence holder” means a person authorised to carry on an establishment under a licence issued by the Council under Part X of the Nottingham Corporation Act, 1952 or a person who has lodged a certificate under Section 102 of the said Act.

“Establishment” means and includes any premises in the City used or represented as being or intended to be used for the reception or treatment of persons requiring massage or special treatment.

“Massage or Special Treatment” means and includes (a) massage, or (b) electric treatment or radiant heat, light, electric vapour or other baths for therapeutic purposes, or (c) other similar treatment.

“Inspector” (a) in relation to an establishment with respect to which a certificate has been lodged under Section 102 of the Nottingham Corporation Act 1952, means the Medical Officer of Health of the City of Nottingham or any Medical Officer in the service of the Council or a registered medical practitioner duly authorised by the Council pursuant to Section 99 of the said Act ; and (b) in relation to any other establishment to which these byelaws apply means and includes any officer of or other person duly authorised by the Council pursuant to the said Section 99.

FEES OR CHARGES

2. A licence holder shall (a) fix a scale of all fees or charges for massage or special treatment given at the establishment, and (b) at all times exhibit a notice giving full particulars of such scale of fees or charges in a conspicuous position in each part of the establishment in which payment is made and also in each part of the establishment in which massage or special treatment is given so that such notices can be read by persons receiving such treatment. No greater fee or charge than that specified in the scale or scales of fees or charges shall be demanded or received by such licence holder.

3. A licence holder shall within seven days after the date on which notification shall have been given to him by the Council of the grant of a new licence to him furnish the Council with a copy of his scale of fees or charges and shall not thereafter substitute therefor any other fees or charges without first giving notice in writing to the Council of all alterations proposed to be made and making the necessary corrections in the scale exhibited in accordance with these byelaws. Provided that in any case in which a licence holder shall have been the holder of a licence before the date on which these byelaws shall have come into force such copy shall be furnished within 14 days after such date.

ADVERTISEMENTS

4. A licence holder shall keep in the establishment, arranged or filed in order of date, a copy of each advertisement or circular issued by him or on his behalf relative to the establishment or the massage or special treatment carried on or proposed to be carried on thereat for a period of twelve months from the date of the issue of such advertisement or circular which said copies shall be open to inspection by an inspector and shall be produced on demand for such inspection.

CONDUCT OF BUSINESS

5. A licence holder shall not do, suffer, or permit in the establishment, any act of indecent or disorderly character and shall take all necessary steps to exclude from the establishment a customer or any other person who has committed such an act in the establishment. The licence holder shall not employ in the establishment any person who is of known immoral character and shall cause all persons in his employ engaged in the establishment to be decently and properly attired, and he shall not permit or suffer the door of any room or place in the establishment for the time being in use for the giving of massage or special treatment to be locked during the period that the person receiving massage or special treatment is therein.

ACCIDENTS

6. In case of any accident or injury occurring at the establishment in the course of massage or special treatment the licence holder shall as soon as is practicable notify the Medical Officer of Health for the City of Nottingham giving the name and address of the person injured, the nature and suspected cause of the accident or injury and the name of the person supervising the treatment at the time.

RECORDS

7. A licence holder shall keep at the establishment a record in the manner prescribed by the Council, giving (a) the name, age, private address, and qualification of every person employed at the establishment ; and (b) particulars of every case of massage or special treatment, specifying the nature of the massage or special treatment given, and giving the name and

AS TO THE ERECTION OF A MATERNAL AND CHILD HEALTH CENTRE AT SNEINTON

THE HEALTH COMMITTEE

Beg to report

That they have had under consideration the erection of a maternal and child health centre on a site near the junction of Kingston Street and Beaumont Street, Sneinton.

The existing clinic facilities in this area are unsatisfactory, being provided in a Church Hall where there is inadequate and unsuitable accommodation. An average of about 70 mothers with their children attend each infants' welfare session and this number is quite beyond the capacity of the present accommodation. The area which the proposed new centre will serve is one in which infant mortality is almost the highest in the City and your Committee are particularly anxious that adequate and up to date clinic facilities should be provided in it.

The proposed new building will be of traditional construction with load bearing brick walls internally and externally. It will provide suitable accommodation for infant welfare, toddlers' and ante-natal clinics, with weighing, advising, isolation and waiting rooms, a doctors' room and a staff room for the Health Visitors who will use the centre as a district base. The building will also be used for ante-natal relaxation classes, midwives' clinics and training for mothercraft.

Tenders for the construction of the building have been invited and the lowest was that of W. Moss and Sons Limited in the sum of £18,291. 0s. 0d. which your Committee propose to accept. Additional expenditure on the purchase of furniture

and equipment will amount to £1,300. 0s. 0d. and the administrative expenses of the City Engineer's Department in connection with the erection of the building will amount to £732. The annual costs of operation and maintenance (exclusive of loan charges) will amount to £1,160. The whole of this expenditure will rank for exchequer grant at the rate of 50 per cent.

Your Committee recommend the Council to approve these proposals and to authorise the Town Clerk to make application to the Minister of Housing and Local Government for sanction to borrow the total sum of £20,323. 0s. 0d. to meet this expenditure.

Dated this 29th day of September, 1953.

This report was submitted to the City Council at their meeting on the 2nd November, 1953, and was adopted.

**AS TO THE NEED FOR INTEGRATION OF THE SCHOOL
HEALTH SERVICE AND OTHER LOCAL HEALTH SERVICES
OF THE CORPORATION**

THE HEALTH COMMITTEE

Beg to report

That they have had under consideration the need for integration of the school health service and the other health services of the Corporation.

The school health service is the responsibility of the Education Committee and the Health Committee are responsible for the other health services of the Corporation. This division of responsibility between Committees is prescribed by law but it is open to the two Committees concerned to make use of the same administrative machinery in discharging their respective functions. Thus, County Borough Councils and County Councils throughout the country, with only three exceptions including Nottingham, have integrated their local health services by appointing the same person as Medical Officer of Health and School Medical Officer and by using, to a considerable extent, the same staffs in connection with those services. This arrangement has undoubted advantages which are mentioned in this report.

The present arrangement in Nottingham of the School Medical Officer being specially appointed as a subordinate member of the Director of Education's staff is contrary to the policy of the Ministry of Education. The Minister of Education has sent the Town Clerk the following letter on this matter :—

“ Sir,

With reference to your letter of the 13th July, 1953, I am directed by the Minister of Education to state that she would not be prepared to approve the payment of a salary to a senior medical officer in a County Borough of

300,000 population, in excess of the award of £1,250 rising by increments of £50 to £1,650 made by the Industrial Court.

As regards the question of a joint Medical Officer of Health/School Medical Officer appointment, the authority will be aware that in order to facilitate the co-ordination and integration of the School Health Service with the other public medical services administered through the Medical Officer of Health by the Public Health Authorities, a combined appointment has for many years been the policy of the Board, and later, the Ministry of Education. It has also the full support of the Ministry of Health.

The Minister hopes therefore that the Authority will agree that the administration of their school health services should be brought into line with accepted practice.

I am, Sir,

Your obedient Servant,

(Sgd.) M. I. YOUNG".

Not only is the practice suggested by the Minister almost universal throughout England and Wales, but it is obligatory in Scotland.

The Health Committee have approached the Education Committee on this matter but have failed to secure their agreement that the two services should be integrated in the manner indicated. The Health Committee have also been willing that the Salaries and Superannuation Committee should arbitrate in the matter but the Education Committee were unwilling to agree to this course. In these circumstances and having regard to the vital importance which they attach to the matter the Health Committee are obliged to refer this question to the City Council for decision.

Your Committee desire to emphasise that their proposals do not involve any diminution or alteration of the responsibility of the Education Committee for the school health service. The school health service would retain its identity and the Education

Committee would exercise the same functions in relation to it as at the present time, the School Medical Officer being responsible to the Education Committee.

A  The case for adopting the generally accepted practice may be summarised as follows :—

(1) The present arrangement involves the arbitrary division of children into groups “under five years of age” and “over five years of age”. Such division has no biological or other justification. The development of children is a continuous process which should be guided throughout by the same team of preventive health workers, irrespective of whether the child is or is not at school. At present the Medical Officer of Health is responsible for the supervision of the health of the child from the pre-natal period until school age. The responsibility then passes to the School Medical Officer who with a different team has no previous knowledge of the child and who depends for information about development, home and social circumstances, on the transfer of a summarised record card. Such a document can never be a substitute for the fund of knowledge gained over five years by the Maternal and Child Health Service.

Not only are the School Health Service at a disadvantage in supervising the health of entrants who are an unknown quantity to them but the teachers also, under the present system, are unable to achieve the necessary understanding of the child's home environment except in the relatively few cases which require special visiting.

(2) In these child health services the key position is occupied by the health visitors who are state registered nurses with midwifery training as well as a year's university medico-social training which includes school health. The health

visitor visits every child born in her district at regular intervals from shortly after birth to the age of five years and builds up a knowledge of the child's family and social circumstances unrivalled even by the family doctor who is concerned with the child only when ill. This knowledge and the value of the personal contact of the health visitor is lost when the child reaches school age, under a system in which the health visitor and the school nurse are not one and the same person able to exercise continuous care irrespective of the child's age.

The desirability of the identification of the health visitor and the school nurse in the same person is given official recognition in the Handicapped Pupils Regulations 1945 which require that the school nurse shall also be a qualified health visitor. The last annual report on the School Health Service indicates that only four school nurses are so qualified. State Registered Nurses who lack the additional training were adequate for the type of school medical service initiated over forty years ago in which the emphasis perforce was on the treatment of defects but they are unfitted to play a full part in the wider field of a service in which the emphasis is on the maintenance of health and the prevention of illness.

(3) It is a wasteful anomaly that the Health Visitor, who is under a statutory duty to advise on the health of the whole household, should be precluded from dealing with a member of a family who is at school. In her dual capacity as Health Visitor and School Nurse she would not be so precluded and her home visiting would be a benefit both to the Health Committee and to the Education Committee in the discharge of their respective responsibilities.

(4) The Medical Officer of Health has a general responsibility in relation to the health of the City and it is prejudicial to the fulfilment of his duties in the widest sense of medical adviser to the Corporation if a large and medically significant group of the inhabitants such as school children are detached from his supervision. The control of infectious diseases is an important function of the Medical Officer of Health and it is known that cases of school children suffering from infectious diseases have failed to come to his notice because of the separation of the administration of the services. Likewise the Medical Officer of Health has a general responsibility in regard to vaccination and immunisation but this responsibility in regard to school children can only be discharged by cumbersome inter-departmental arrangements.

(5) The recruitment of medical and nursing staff for local authority services has presented an acute problem in post war years. In order to secure suitably qualified staff of a high standard in competition with other local authorities and with various other public and private concerns it is essential that the appointments offered should carry with them duties of the kind in which the best qualified candidates seek to obtain experience. A senior medical officer or an assistant medical officer receives the same remuneration with whatever local authority he is employed. His incentive to work with one local authority rather than another depends largely on the nature of the duties which he will have to perform. It is understandable therefore that a well qualified medical officer who can reasonably hope to become a Medical Officer of Health at a later stage in his career will not lightly prejudice his chances by seeking an appointment in which his duties exclude all contact with so important a service as the school health service. The converse is also true that a well qualified

medical officer cannot be expected to prejudice his future career by seeking an appointment in a school health service which is in a department entirely separated from that in which the other local health services are administered and where his scope is therefore drastically limited. Equally the same arguments apply in the case of nursing staff whose remuneration is also the same wherever they are employed. Since July 1948 eight health visitors have left the Corporation's service because they sought a wider range of work and not because of financial inducement.

(6) The Health Committee have had considerable experience in the engagement of medical staff and are of the opinion that the salary appropriate to a School Medical Officer whose appointment is not combined with that of Medical Officer of Health as mentioned in the Minister's letter will not attract suitably qualified candidates for an appointment which involves so limited a range of experience and which cannot be expected to lead directly to an appointment of higher status. Such a salary would however be sufficient to attract a suitably qualified medical officer to a post carrying with it the day to day administration of the School Health Service and in which overall policy would be the responsibility of the medical head of the department. The Health Committee's proposals would involve not only the combination of the appointments of School Medical Officer and the Medical Officer of Health but also the appointment of a Senior Medical Officer who would be primarily concerned with the School Health Service and who would be a member of the combined staff of the Medical Officer of Health and School Medical Officer.

(7) The present separation of the services results in an extravagant use of resources. This is particularly noticeable in the case of clinic premises. There are twelve Maternal and

Child Health Centres provided by the Health Committee and administered by the Medical Officer of Health, seven School Clinics provided by the Education Committee and administered by the School Medical Officer, and only one joint clinic. The desirability of joint use of clinics both on grounds of economy and those of health policy, was pointed out to the Education Department and Health Department in September 1952, by the Ministry of Education who insisted that if a school clinic was to be provided at Bilborough it must be in the same premises as other health services.

The above arguments are by no means exhaustive but are sufficient to indicate the desirability of integration and the administrative defects which must inevitably arise from separation of the services. Your Committee are of opinion that whilst co-operation exists between the services, human endeavour cannot make good the deficiencies which are inherent in faulty administrative machinery. They recognise that the health and well-being of school children must always be given one of the highest priorities in the local health services but consider that the present arrangements impair the efficiency of the local health services as a whole, including the school health service. Looked at as a general question, no local authority which claims real efficiency can afford to continue with conditions in any service which attracts officers of moderate calibre, and which results in overlapping of functions and extravagant use of resources.

Your Committee have no doubt that if the integration of the services is approved in principle a satisfactory and mutually acceptable arrangement as to the details can be worked out by the Committees and Officers concerned. For example, the Health Committee would acknowledge that the making of the appointment of the senior medical officer to be primarily

responsible for the school health service would be a function falling exclusively within the powers of the Education Committee ; the same would apply to all other staff engaged primarily in the school health service.

Your Committee accordingly recommend that when the post of school medical officer becomes vacant the school health service be integrated with the other local health services by the combination of the posts of Medical Officer of Health and School Medical Officer, and that the holder of the joint appointment be head of the School Health Service.

Dated this 24th day of November, 1953.

This report was submitted to the City Council at their meeting on the 7th December, 1953, and was withdrawn.

WITH REGARD TO AN AMENDMENT OF THE PROPOSALS
UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE
ACT, 1946, RELATING TO B.C.G. VACCINATION

THE HEALTH COMMITTEE

Beg to report

That they have considered the desirability of extending the use of the vaccination known as B.C.G. (*Baccillus Calmette-Guérin*) to older school-children.

The purpose of this vaccination is to produce an artificially acquired resistance to tuberculosis, but at the present time its use has been confined to those cases where exceptional risks of infection exist. In the light of the experience obtained in the use of this vaccine the Minister of Health is now prepared to approve the extension of the present arrangements so that local authorities may offer B.C.G. Vaccination to older school-children, on the understanding that the scheme for vaccination of contacts will continue and will not be prejudiced by the extension of vaccination to school-children.

This vaccination should be given to children during and, if possible, towards the end of the year preceding their fourteenth birthday. Accordingly, in the majority of cases, vaccination will take place during the child's penultimate year at school and this will enable the child to be followed for at least a further year after vaccination. No child would be vaccinated without parental consent obtained in writing.

The extension of the present arrangements would necessitate further Proposals being made under Section 28 of the National Health Service Act, 1946, and such Proposals require the approval of the Minister of Health.

Your Committee have carefully considered this matter and are of opinion that the present arrangements should be extended in the manner indicated above. They accordingly recommend that the following paragraph be added to the Proposals made under Section 28 of the National Health Service Act, 1946, and that the Town Clerk be instructed to submit this addition to the Proposals to the Minister of Health for approval :—

After the added paragraph at the end of Section 'A' on page 8, add the following paragraph :—

“The Council as Local Health Authority also intends to make arrangements to offer B.C.G. vaccination, subject to the necessary preliminary tests and to obtaining parental consent, to school-children between their thirteenth and fourteenth birthdays. The vaccination will be carried out on the responsibility of the Medical Officer of Health in consultation with the School Medical Officer, by medical officers expressly designated for this purpose by the authority”.

Dated this 24th day of November, 1953.

This report was submitted to the City Council at their meeting on the 7th December, 1953, and was adopted.

ATTENDANCES AT DAY NURSERIES

	ARNOLD ROAD			BELLS LANE			BULWELL			HEATHCOAT STREET			DOWSON NURSERY			PIERREPONT			QUEEN'S DRIVE			RADFORD			SYCAMORE ROAD		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
JANUARY ..	53	152	361	19	137	508	-	113	382	-	112	172	-	64	332	-	148	378	39	205	260	29	187	482	37	158	260
FEBRUARY ..	6	78	243	20	116	370	-	69	547	34	235	216	-	-	-	-	162	352	106	189	215	46	149	546	38	101	321
MARCH ..	1	284	452	29	142	318	-	143	604	68	129	266	-	-	-	-	101	349	137	155	227	43	175	589	50	199	450
APRIL ..	2	198	348	29	69	390	-	137	481	59	121	207	-	6	54	13	131	332	42	165	207	38	94	378	39	215	451
MAY ..	-	247	373	21	137	406	28	138	354	70	207	199	-	57	360	25	168	376	79	158	239	38	163	356	20	263	509
JUNE ..	7	193	438	-	217	450	51	134	453	78	252	250	-	75	349	17	222	415	125	148	285	36	221	453	40	288	485
JULY ..	3	157	417	-	192	475	34	150	511	36	372	318	-	98	373	44	218	446	56	182	290	16	234	533	45	262	487
AUGUST ..	6	46	167	9	67	186	6	47	184	17	142	111	-	15	135	24	87	124	33	83	114	9	83	128	12	90	199
SEPTEMBER	4	112	400	50	178	546	8	130	449	31	379	308	-	143	468	42	184	364	161	253	321	22	213	552	40	254	540
OCTOBER ..	-	176	470	52	139	544	25	154	483	69	351	328	-	109	487	35	180	452	173	201	311	18	238	467	56	197	519
NOVEMBER ..	-	223	527	42	117	555	21	186	495	88	322	326	-	125	551	21	196	382	144	170	248	30	286	441	47	174	391
DECEMBER ..	-	123	358	34	84	409	11	125	419	70	204	258	-	82	412	4	169	298	124	134	242	39	235	389	33	159	380
TOTALS	82	1,989	4,554	305	1,595	5,157	184	1,526	5,362	620	2,826	2,959	-	774	3,521	225	1,966	4,268	1,219	2,043	2,959	364	2,278	5,314	457	2,360	4,992
GRAND TOTALS	6,625			7,057			7,072			6,405			4,295			6,459			6,221			7,956			7,809		

Age Groups A : 0-6 months. B : 6 months-2 years. C : 2 years-5 years.

Attendances ,, 3,456. ,, 17,357. ,, 39,086.

Total : 59,899. Daily average : 26.

ATTENDANCES AT WELFARE CENTRES.

	ANTE-NATAL AND POST-NATAL CLINICS						INFANT CLINICS				TODDLERS' CLINICS			
	No. of Sessions	New Cases	Attendances	Post-Natal Visits	Total Attendances	Average per Session	No. of Sessions	New Cases	Attendances	Average Attendances	No. of Sessions	New Cases	Attendances	Average Attendances
Aspley ..	98	252	1,600	72	1,924	20	98	339	4,479	46	48	11	645	13
Basford ..	49	176	925	63	1,164	24	96	235	3,966	41	52	14	664	13
Bilborough ..	52	105	896	64	1,065	20	99	286	4,447	45	52	7	651	13
Bulwell ..	53	164	900	63	1,127	21	98	263	4,350	44	52	9	575	11
Edwards Lane ..	48	111	776	49	936	20	100	232	3,370	34	52	16	907	17
Huntingdon Street ..	100	393	1,810	91	2,294	23	103	327	4,555	44	52	30	742	14
Hlyson Green ..	—	—	—	—	—	—	100	329	6,825	68	—	—	—	—
Jarvis Avenue ..	48	102	768	60	930	19	98	166	2,979	30	50	14	778	16
John Ryle H. C. ...	52	68	547	33	648	12	79	195	3,095	39	—	—	—	—
Lenton Abbey ..	—	—	—	—	—	—	51	56	1,085	21	—	—	—	—
Radford ..	152	565	2,846	181	3,592	24	152	667	8,418	55	50	90	1,026	21
Sneinton ..	100	277	1,639	97	2,013	20	100	426	4,945	49	50	35	622	12
Wilford Road ..	102	325	2,024	94	2,443	24	102	337	4,310	42	48	12	756	16
TOTALS ..	854	2,538	14,731	867	18,136	21	1,276	3,858	56,824	45	506	238	7,366	15
Consultant Clinic ..	52	416	503	30	949	18								

TUBERCULOSIS REGISTER

	PULMONARY			NON-PULMONARY			Total		
	Adults		Child- ren	Adults		Child- ren	1953	1952	1951
	M.	F.		M.	F.				
Cases B/Fwd. ..	1,317	1,497	502	61	121	89	3,587	3,499	3,360
Transfers from other areas ..	28	23	1	—	—	—	52	49	58
"Lost" cases returned ..	3	3	—	—	—	—	6	7	9
	1,348	1,523	503	61	121	89	3,645	3,555	3,427
NEW CASES ..	264	188	58	6	8	10	534	459	506
	1,612	1,711	561	67	129	99	4,179	4,014	3,933
Cases written off ..	183	143	32	7	14	14	393	427	434
	1,429	1,568	529	60	115	85	3,786	3,587	3,499
Children becoming adults ..	+16	+20	—36	+1	+3	—4			
Cases on Register at end of year ..	1,445	1,588	493	61	118	81	3,786	3,587	3,499
DETAILS OF CASES WRITTEN OFF :—									
Recovered							149	192	176
Deaths							110	124	111
Transferred to other areas or lost sight of							134	111	147
DEATHS :—									
Total No.							110	124	111
Rate per 1,000 population—Pulmonary							0.33	0.38	0.35
do. —All forms							0.35	0.40	0.36
Average Rate per 1,000 population for past 10 years—									
Pulmonary							0.56		
do. —All forms							0.61		
EXAMINATION OF CONTACTS :—									
No. of contacts examined (clinically and radiologically) ..							2,171	2,138	1,087
do. found to be tuberculous							35	34	28
WORK OF THE TUBERCULOSIS HEALTH VISITORS :									
No. of visits paid to patients' homes							12,677	13,020	10,471

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*Classified in other Column--Not to be included in Totals.

RECORD OF PAT

MONTH	Total Admitted	Total Discharged	Total Deaths	PATIENTS TAKEN OFF REGISTER							Total Admitted	Total Discharged	Total Deaths
				Discharged	Discharged by Transfer	Discharged by Death	Discharged by Other Cause	Discharged by Other Cause	Discharged by Other Cause	Discharged by Other Cause			
JAN.	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
FEB.	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
MARCH	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
APRIL	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
MAY	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
JUNE	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
JULY	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
AUG.	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
SEPT.	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
OCT.	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
NOV.	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
DEC.	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081	1,081
TOTALS	127	127	127	127	127	127	127	127	127	127	127	127	127

Grand Total of Patients Inured : 6,615

Not of Patients Inured 20,1

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INCIDENCE OF BLINDNESS

At the request of the Ministry of Health—Circular 2/53—the following table is included:—

(A) Follow-up of Registered Blind and Partially Sighted Persons

Blind	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(1) Cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment ..	23	9	1	23
(b) Treatment (medical, surgical or optical)	9	2	—	5
(2) Cases at (1) (b) above which on follow up action have received treatment ..	3	1	—	4
Partially-Sighted				
(1) Cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment ..	—	1	—	7
(b) Treatment (medical, surgical or optical)	1	2	—	1
(2) Cases which received follow up treatment	—	2	—	1

(B) Ophthalmia Neonatorum

(1) Total Cases notified during the year ..	5
(2) Cases in which:—	
(a) vision lost	—
(b) vision impaired	—
(c) Treatment continuing at end of year	—

These figures call for no special comment and no comparisons are possible as this table has not been compiled in respect of previous years.

MEASUREMENT OF ATMOSPHERIC POLLUTION

DEPOSIT GAUGES

Deposited solid matter in tons per square mile per month.

	City Centre			Bastford			Bulwell			Meadows			Mapperley			Wollaton			Clifton		
	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total	Insol- uble	Sol- uble	Total
January ..	19.29	10.88	30.17	22.83	9.06	31.89	14.58	7.96	22.54	19.90	10.65	30.55	1.98	4.44	6.42	6.21	7.32	13.53	—	—	—
February	15.74	8.10	23.84	21.24	8.11	29.35	17.30	6.85	24.15	18.21	6.04	24.25	11.69	5.22	16.91	6.16	2.41	8.57	16.76	20.88	37.64
March ..	10.51	7.19	17.70	14.79	6.51	21.30	10.47	5.89	16.36	11.09	5.30	16.39	8.93	3.19	12.12	6.62	3.47	10.09	9.99	11.41	21.40
April ..	11.98	5.79	17.77	15.60	5.08	20.68	12.64	6.84	19.48	11.29	6.54	17.83	9.12	3.86	12.98	5.93	1.79	7.72	9.43	11.61	21.04
May ..	11.30	7.24	18.54	14.44	6.59	21.03	14.25	8.99	23.24	11.17	3.74	14.91	7.99	4.74	12.73	4.53	3.77	8.30	9.59	9.39	18.98
June ..	12.40	10.43	22.83	14.76	7.35	22.11	13.09	8.59	21.68	9.67	12.74	22.41	7.89	3.96	11.85	7.37	6.44	13.81	9.77	9.55	19.32
July ..	11.11	6.93	18.04	14.38	5.88	20.26	17.33	8.44	25.77	10.90	5.85	16.75	12.53	3.50	16.03	11.87	4.30	16.17	10.99	8.13	19.12
August ..	9.90	6.51	16.41	12.40	4.12	16.52	9.86	4.51	14.37	8.96	5.86	14.82	—	—	—	7.78	4.43	12.21	6.72	12.44	19.16
September	12.32	6.58	18.90	16.07	7.33	23.40	12.92	5.09	18.01	12.07	6.69	18.76	8.47	4.16	12.63	6.13	4.80	10.93	8.64	12.11	20.75
October	11.66	7.91	19.57	18.04	8.73	26.77	11.63	7.19	18.82	12.80	7.97	20.77	4.77	5.30	10.07	2.80	4.73	7.53	9.59	21.47	31.06
November	13.86	7.87	21.73	15.77	9.62	25.39	12.13	6.49	18.62	11.20	7.14	18.34	—	—	—	4.27	5.41	9.68	5.71	9.64	15.35
December	12.64	6.83	19.47	14.70	5.34	20.04	8.67	3.81	12.48	15.54	7.55	23.09	7.87	3.66	11.53	2.80	2.57	5.37	4.80	22.76	27.56
TOTAL ..	152.71	92.26	244.97	195.02	83.72	278.74	154.87	80.65	235.52	152.80	86.07	238.87	81.24	42.03	123.27	72.47	51.44	123.91	101.99	149.39	251.38

ATMOSPHERIC SULPHUR

Expressed as milligrammes of Sulphate per day per 100 sq. cm. of Lead Peroxide.

	City Centre	Basford	Bulwell	Meadows	Mapperley	Wollaton	Clifton
January ..	2.95	1.91	1.40	3.42	0.93	0.81	—
February ..	1.55	1.30	0.98	1.60	1.24	0.61	1.01
March ..	3.54	1.80	1.45	3.73	1.86	0.86	1.47
April ..	1.99	1.12	0.80	2.19	0.88	0.46	0.81
May ..	1.39	0.93	0.84	1.64	0.61	0.38	0.61
June ..	1.72	0.92	0.70	2.03	0.73	0.42	1.05
July ..	1.57	0.55	0.74	1.97	0.66	0.26	0.44
August ..	1.52	0.86	0.64	2.06	0.61	0.26	0.43
September ..	1.91	1.23	0.92	2.25	0.83	0.36	0.65
October ..	3.61	1.77	1.33	2.80	1.29	0.42	0.35
November ..	4.43	2.15	1.59	3.55	2.19	0.39	1.03
December ..	4.04	2.14	1.62	3.33	2.02	0.99	1.68

MINISTRY OF NATIONAL INSURANCE SICKNESS RETURNS

The number of claims for sickness benefit in Nottingham and the immediately surrounding areas gives an indication of sickness of the population month by month.

	Nottingham (& District-part) Area*		City of Nottingham*							
	Average No. of sickness claims per week		Notifs. of pneumonia		Deaths attributed to conditions associated with influenza					
					Influenza		Bronchitis		Pneumonia	
	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953
JANUARY ..	1,340	1,748	13	65	—	1	3	8	21	55
FEBRUARY ..	1,416	2,381	30	53	1	30	8	11	21	54
MARCH ..	1,290	1,534	33	49	1	11	10	2	27	36
APRIL ..	1,034	1,056	30	15	—	—	5	1	16	16
MAY ..	910	968	12	15	—	2	2	—	16	23
JUNE ..	801	872	2	7	—	—	—	1	8	10
JULY ..	800	814	4	5	—	—	—	—	6	4
AUGUST ..	794	704	9	7	—	—	2	4	2	18
SEPTEMBER ..	1,035	985	3	5	—	—	3	1	2	23
OCTOBER ..	1,294	1,324	10	13	—	1	2	8	9	30
NOVEMBER ..	1,271	1,204	10	11	—	—	7	22	10	18
DECEMBER ..	1,220	1,096	30	12	1	—	5	21	30	33

* The two areas are not identical.

COST OF HEALTH SERVICES

Actual cost for the year ended 31st March 1953

Estimated cost for the year ended 31st March 1954

SERVICE	Year ended 31st March, 1953						Year ended 31st March, 1954			
	Gross Expenditure	Income other than Government Grants	Government Grants	Net Expenditure to be met from Rates	Equivalent Rate Poundage	Cost per head of Population	Estimated Net Expenditure to be met from Rates	Equivalent Rate Poundage	Cost per head of Population	
	£	£	£	£	s. d.	s. d.	£	s. d.	s. d.	
Administration (not charged to other services)	4,647	3,155	—	1,492	..	1.15	1,533	..	1.18	
Sanitary Inspection and Other Services	35,781	1,463	1,255	33,063	3.49	2 1.54	38,236	4.00	2 5.54	
Health Centres	4,005	202	1,901	1,902	..	1.47	1,393	..	1.08	
Maternal and Child Health	74,530	7,714	33,211	33,605	3.55	2 1.96	35,349	3.70	2 3.30	
Midwifery	37,114	1,465	17,692	17,957	1.89	1 1.87	19,060	1.99	1 2.72	
Health Visiting	20,792	366	10,205	10,221	1.08	7.89	12,023	1.26	9.29	
Home Nursing	34,687	604	16,951	17,132	1.81	1 1.23	21,713	2.27	1 4.77	
Vaccination and Immunisation	3,264	—	1,621	1,643	..	1.27	1,831	..	1.41	
Ambulance Service	46,786	4,905	20,650	21,231	2.24	1 4.40	24,272	2.54	1 6.75	
Prevention of Illness, Care, and After-Care	14,467	1,143	6,616	6,708	..	5.18	9,213	..	7.12	
Mental Health	18,067	262	8,851	8,954	..	6.92	11,389	1.19	8.80	
Domestic Help	78,342	5,249	36,429	36,664	3.87	2 4.32	47,574	4.98	3 0.75	
Other Expenses	1,414	—	1,789	Cr. 375	Cr. .04	..	637	..	..	
TOTAL	373,896	26,528	157,171	190,197	1 8.08	12 2.91	224,223	1 11.45	14 5.20	

DETAILS OF SAMPLING OF "OTHER FOODS".

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
1. Milk	424	—	424	387	—	387	37	—	37
2. Milk, condensed full cream, sweetened	—	25	25	—	25	25	—	—	—
3. Ice Cream	2	79	81	2	75	77	—	4	4
4. Ice Lollies	—	14	14	—	14	14	—	—	—
5. Almond Paste	—	1	1	—	1	1	—	—	—
6. Anchovy Fillets in Oil	—	1	1	—	1	1	—	—	—
7. Anchovy Relish	—	1	1	—	1	1	—	—	—
8. Apple Juice (conc.)	—	1	1	—	1	1	—	—	—
9. Apples in Syrup	—	2	2	—	2	2	—	—	—
10. Apricots in Syrup	—	1	1	—	1	1	—	—	—
11. Aspirin Tablets	—	2	2	—	2	2	—	—	—
12. Baby Powder	—	1	1	—	1	1	—	—	—
13. Bacon	—	5	5	—	5	5	—	—	—
14. Baking Powder	—	2	2	—	2	2	—	—	—
15. Banana (dried)	—	1	1	—	1	1	—	—	—
16. Banana Curd (flavoured)	—	2	2	—	2	2	—	—	—
17. Bananas in Syrup	—	1	1	—	1	1	—	—	—
18. Barley Flour	—	1	1	—	1	1	—	—	—
19. Bartlett Pears in Syrup	—	1	1	—	1	1	—	—	—
20. Batter Flour	—	1	1	—	1	1	—	—	—
21. Beans in Tomato Sauce	—	2	2	—	2	2	—	—	—
22. Beans with Pork Sausages in Tomato Sauce	—	1	1	—	1	1	—	—	—
23. Beef Sausages	1	2	3	1	2	3	—	—	—
24. Beef Sausage Meat	1	—	1	1	—	1	—	—	—
25. Beetroot in Vinegar	—	1	1	—	1	1	—	—	—
26. Bicarbonate of Soda	—	1	1	—	1	1	—	—	—
27. Bilberries	—	1	1	—	1	1	—	—	—
28. Biscuits	—	6	6	—	6	6	—	—	—
29. Black Puddings	—	1	1	—	1	1	—	—	—
30. Black Currant Jelly	—	1	1	—	1	1	—	—	—
31. Blancmange Powder	—	1	1	—	1	1	—	—	—
32. Borax B.P.	—	1	1	—	1	1	—	—	—
33. Brandy	1	—	1	1	—	1	—	—	—
34. Brawn	—	1	1	—	1	1	—	—	—
35. Brisling in Oil	—	1	1	—	1	1	—	—	—
36. Brisling Paste	1	2	3	—	1	1	1	1	2
37. Braised Beef Hearts	—	1	1	—	1	1	—	—	—
38. British Wine (Port Type)	—	1	1	—	1	1	—	—	—
39. Butter	—	6	6	—	6	6	—	—	—
40. "Butters", Butter-drops etc. (Sugar confectionery)	2	9	11	1	6	7	1	3	4
41. Cake Mixtures	—	4	4	—	4	4	—	—	—
42. Calamine Lotion B.P.	—	1	1	—	1	1	—	—	—
43. Calves Feet Jelly	—	1	1	—	1	1	—	—	—
44. Candy Cigarettes	—	1	1	—	1	1	—	—	—
45. Candy Tablets	—	1	1	—	1	1	—	—	—
46. Caraway Seeds	—	1	1	—	1	1	—	—	—
47. Carrots	—	1	1	—	1	1	—	—	—
48. Cascara Sagrada Ext. B.P. Tablets	—	1	1	—	1	1	—	—	—
Carried forward ..	432	192	624	393	184	577	39	8	47

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward ..	432	192	624	393	184	577	39	8	47
49. Castor Oil B.P. ..	—	1	1	—	1	1	—	—	—
50. Celery (canned) ..	—	1	1	—	1	1	—	—	—
51. Cheese ..	—	4	4	—	4	4	—	—	—
52. Cheese Cakes ..	—	1	1	—	1	1	—	—	—
53. Cheese Spreads ..	—	6	6	—	3	3	—	3	3
54. Cherries in Syrup ..	—	1	1	—	1	1	—	—	—
55. Chewing Gum ("Bubbly") ..	—	1	1	—	1	1	—	—	—
56. Chicory (canned) ..	—	1	1	—	1	1	—	—	—
57. Chocolate Roll ..	—	1	1	—	1	1	—	—	—
58. Christmas Pudding ..	—	1	1	—	1	1	—	—	—
59. Cyder ..	—	1	1	—	1	1	—	—	—
60. Cocoa ..	—	3	3	—	3	3	—	—	—
61. Coconut (shredded in Syrup)	—	1	1	—	1	1	—	—	—
62. Coffee ..	—	2	2	—	2	2	—	—	—
63. Coffee and Chicory Essence	—	4	4	—	4	4	—	—	—
64. Coffee and Chicory Essence (rum flavoured) ..	—	1	1	—	1	1	—	—	—
65. Cooking Fat ..	—	6	6	—	6	6	—	—	—
66. Corned Beef Hash ..	—	1	1	—	1	1	—	—	—
67. Corned Mutton ..	—	1	1	—	1	1	—	—	—
68. Crab Meat ..	—	1	1	—	1	1	—	—	—
69. Cream Doughnuts ..	—	1	1	—	1	1	—	—	—
70. Creamed Rice ..	—	1	1	—	1	1	—	—	—
71. Cream Soda ..	—	1	1	—	—	—	—	1	1
72. Cream Double ..	—	5	5	—	5	5	—	—	—
73. Cream Single ..	—	5	5	—	5	5	—	—	—
74. Cream Sterilised ..	—	6	6	—	6	6	—	—	—
75. Cream Cheese ..	2	—	2	1	—	1	1	—	1
76. Crispbread ..	—	1	1	—	1	1	—	—	—
77. Currants ..	—	1	1	—	1	1	—	—	—
78. Curry Powder ..	—	1	1	—	1	1	—	—	—
79. Custard Powder ..	—	2	2	—	2	2	—	—	—
80. Candied Peel ..	—	2	2	—	2	2	—	—	—
81. Damsons in Syrup ..	—	1	1	—	1	1	—	—	—
82. Dates ..	—	1	1	—	1	1	—	—	—
83. Diabetic Chocolate ..	—	1	1	—	1	1	—	—	—
84. Diabetic Marmalade ..	—	1	1	—	1	1	—	—	—
85. Doughnuts ..	—	1	1	—	1	1	—	—	—
86. Dried Egg ..	—	1	1	—	1	1	—	—	—
87. Dripping ..	—	5	5	—	5	5	—	—	—
88. Egg Scramble Soup Mixture	—	1	1	—	1	1	—	—	—
89. Egg Substitute Powder ..	—	3	3	—	—	—	—	3	3
90. Epsom Salts ..	—	3	3	—	3	3	—	—	—
91. Figs ..	—	1	1	—	1	1	—	—	—
92. Fishcakes ..	—	3	3	—	3	3	—	—	—
93. Fish Paste ..	—	3	3	—	3	3	—	—	—
94. Flours (National, Self-raising, Wholemeal, S.R. White, etc.) ..	—	15	15	—	15	15	—	—	—
95. Flowers of Sulphur B.P. ..	—	1	1	—	1	1	—	—	—
96. Food Flavours ..	—	3	3	—	3	3	—	—	—
97. Food Colouring ..	—	1	1	—	1	1	—	—	—
Carried forward ..	434	302	736	394	287	681	40	15	55

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward ..	434	302	736	394	287	681	40	15	55
98. Fruit Cake ..	—	1	1	—	1	1	—	—	—
99. Fruit Pectin ..	—	1	1	—	1	1	—	—	—
100. Fruit Salad ..	—	1	1	—	1	1	—	—	—
101. Fruit Drink ..	—	1	1	—	1	1	—	—	—
102. Fuller's Earth Cream ..	—	1	1	—	1	1	—	—	—
103. Garden Beans ..	—	1	1	—	1	1	—	—	—
104. Gelatine and Blackcurrant ..	—	1	1	—	1	1	—	—	—
105. Gin ..	—	1	1	—	1	1	—	—	—
106. Ginger (crystallised) ..	1	—	1	1	—	1	—	—	—
107. Ginger in Syrup ..	—	1	1	—	1	1	—	—	—
108. Ginger Wine ..	—	1	1	—	1	1	—	—	—
109. Glucose with Vit. "D" ..	—	1	1	—	1	1	—	—	—
110. Glycerine B.P. ..	—	1	1	—	1	1	—	—	—
111. Glycerine, Honey and Lemon Juice ..	—	1	1	—	1	1	—	—	—
112. Golden Raisin Powder ..	—	2	2	—	2	2	—	—	—
113. Golden Syrup ..	—	2	2	—	2	2	—	—	—
114. Gooseberries in Syrup ..	—	1	1	—	1	1	—	—	—
115. Grapefruit Juice ..	—	1	1	—	1	1	—	—	—
116. Gravy Salt ..	—	1	1	—	1	1	—	—	—
117. Groats ..	—	1	1	—	1	1	—	—	—
118. Ground Arrowroot ..	—	1	1	—	1	1	—	—	—
119. Ground Cinnamon ..	—	1	1	—	1	1	—	—	—
120. Ground Ginger ..	—	2	2	—	2	2	—	—	—
121. Ground Nutmeg ..	—	1	1	—	1	1	—	—	—
122. Ground Rice ..	—	1	1	—	1	1	—	—	—
123. Halibut Liver Oil Capsules B.P.C. ..	—	2	2	—	2	2	—	—	—
124. Herbal Cough Candy ..	—	1	1	—	1	1	—	—	—
125. Herbal Cigarettes ..	—	2	2	—	1	1	—	1	1
126. Herrings (fresh, canned) ..	—	1	1	—	1	1	—	—	—
127. Herring Roes (soft) ..	—	1	1	—	1	1	—	—	—
128. Health Salts ..	—	2	2	—	2	2	—	—	—
129. Hop Bitters ..	—	1	1	—	1	1	—	—	—
130. Honey ..	—	2	2	—	2	2	—	—	—
131. Horse-Radish Relish ..	—	1	1	—	1	1	—	—	—
132. Horse-Radish Cream ..	—	1	1	—	1	1	—	—	—
133. Household Embrocation ..	—	1	1	—	1	1	—	—	—
134. Indian Brandee ..	—	1	1	—	1	1	—	—	—
135. Indian Tonic Water ..	—	1	1	—	1	1	—	—	—
136. Iron Brew ..	—	1	1	—	1	1	—	—	—
137. Jelly ..	—	5	5	—	5	5	—	—	—
138. Jelly Crystals ..	—	4	4	—	4	4	—	—	—
139. Jam ..	—	5	5	—	5	5	—	—	—
140. Kidney Soup ..	—	1	1	—	1	1	—	—	—
141. Kippers (boneless) canned ..	—	1	1	—	1	1	—	—	—
142. Lactic Cheese ..	—	1	1	—	1	1	—	—	—
143. Lemon Curd ..	—	4	4	—	4	4	—	—	—
144. Lemon Cheese ..	—	2	2	—	2	2	—	—	—
145. Lemon Juice ..	—	2	2	—	2	2	—	—	—
146. Lemon Squash ..	—	1	1	—	1	1	—	—	—
147. Lemonade Crystals ..	—	2	2	—	2	2	—	—	—
Carried forward ..	435	375	810	395	359	754	40	16	56

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward ..	435	375	810	395	359	754	40	16	56
148. Liqueur Creams (chocolates) ..	—	1	1	—	—	—	—	1	1
149. Lime Juice Cordial ..	—	1	1	—	1	1	—	—	—
150. Lime Crush ..	—	1	1	—	1	1	—	—	—
151. Lime Juice ..	—	1	1	—	1	1	—	—	—
152. Lime Essence ..	—	1	1	—	1	1	—	—	—
153. Luncheon Meat ..	—	3	3	—	3	3	—	—	—
154. Luncheon Galantine ..	—	1	1	—	1	1	—	—	—
155. Macaroni ..	—	1	1	—	1	1	—	—	—
156. Mackerel Cutlets in Tomato Sauce ..	—	1	1	—	1	1	—	—	—
157. Malt Vinegar ..	—	4	4	—	4	4	—	—	—
158. Malted Milk ..	—	4	4	—	4	4	—	—	—
159. Margarine ..	—	6	6	—	6	6	—	—	—
160. Marmalade ..	—	1	1	—	1	1	—	—	—
161. Mayonnaise ..	—	3	3	—	3	3	—	—	—
162. Meat Soup and Dumplings ..	—	1	1	—	1	1	—	—	—
163. Meat Puddings ..	—	1	1	—	1	1	—	—	—
164. Meat Soup ..	—	1	1	—	1	1	—	—	—
165. Minced Chicken ..	—	1	1	—	1	1	—	—	—
166. Minced Beef Loaf ..	—	1	1	—	1	1	—	—	—
167. Mince-meat ..	—	2	2	—	2	2	—	—	—
168. Mint Sauce ..	—	1	1	—	1	1	—	—	—
169. Mint Jelly ..	—	1	1	—	1	1	—	—	—
170. Mineral Water ..	—	1	1	—	1	1	—	—	—
171. Mixed Fruit Pudding ..	—	1	1	—	1	1	—	—	—
172. Mixed Vegetables (dried) ..	—	1	1	—	1	1	—	—	—
173. Malt and Cod Liver Oil, Extract of ..	—	1	1	—	1	1	—	—	—
174. Malt and Butter (sweets) ..	—	1	1	—	—	—	—	1	1
175. Molasses ..	—	1	1	—	1	1	—	—	—
176. Mussels (cooked) ..	—	1	1	—	1	1	—	—	—
177. Mustard ..	—	1	1	—	1	1	—	—	—
178. Mustard Cream (ointment) ..	—	1	1	—	—	—	—	1	1
179. Non-brewed Condiment ..	—	2	2	—	1	1	—	1	1
180. Oatmeal ..	—	1	1	—	1	1	—	—	—
181. Oatcakes ..	—	1	1	—	1	1	—	—	—
182. Olive Oil ..	—	1	1	—	1	1	—	—	—
183. Orange Squash ..	—	2	2	—	2	2	—	—	—
184. Orange Drink ..	—	3	3	—	3	3	—	—	—
185. Orange Marmalade ..	—	1	1	—	1	1	—	—	—
186. Orange Slices in Syrup ..	—	3	3	—	3	3	—	—	—
187. Oysters (canned) ..	—	1	1	—	1	1	—	—	—
188. Parsley (dried) ..	—	1	1	—	1	1	—	—	—
189. Parsley in Vinegar ..	—	1	1	—	1	1	—	—	—
190. Parsnips (dried) ..	—	1	1	—	1	1	—	—	—
191. Pastry Mix ..	—	1	1	—	1	1	—	—	—
192. Pate de Foie ..	—	1	1	—	1	1	—	—	—
193. Pea Soup ..	—	1	1	—	1	1	—	—	—
194. Pea Nut Butter ..	—	1	1	—	1	1	—	—	—
195. Peas (soaked) ..	—	1	1	—	1	1	—	—	—
196. Pepper, white ..	1	4	5	1	4	5	—	—	—
197. Peppermints ..	—	1	1	—	1	1	—	—	—
Carried forward ..	436	450	886	396	430	826	40	20	60

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward ..	436	450	886	396	430	826	40	20	60
198. Piccalilli ..	—	1	1	—	1	1	—	—	—
199. Pilchards in water and salt ..	—	1	1	—	1	1	—	—	—
200. Pilchards in Tomato ..	—	2	2	—	2	2	—	—	—
201. Pineapple (sweetened) ..	—	1	1	—	1	1	—	—	—
202. Pineapple Crush ..	—	1	1	—	1	1	—	—	—
203. Pineappleade ..	—	1	1	—	1	1	—	—	—
204. Pineapple Curd ..	—	1	1	—	1	1	—	—	—
205. Pineapple Juice ..	—	1	1	—	1	1	—	—	—
206. Plum Pudding ..	—	1	1	—	1	1	—	—	—
207. Plums in Syrup ..	—	1	1	—	1	1	—	—	—
208. Pork Sausage ..	4	3	7	3	1	4	1	2	3
209. Potato Crisps ..	—	2	2	—	2	2	—	—	—
210. Potato Powder ..	—	1	1	—	1	1	—	—	—
211. Potato Flour ..	—	1	1	—	1	1	—	—	—
212. Potted Ham ..	1	—	1	1	—	1	—	—	—
213. Potted Meat ..	2	2	4	—	1	1	2	1	3
214. Potted Meat Paste ..	—	1	1	—	1	1	—	—	—
215. Processed Peas ..	—	4	4	—	4	4	—	—	—
216. Prunes in Syrup ..	—	2	2	—	2	2	—	—	—
217. Pudding Mixture ..	—	1	1	—	1	1	—	—	—
218. Puff Pastry (uncooked) ..	—	1	1	—	1	1	—	—	—
219. Quinine Tonic Water ..	—	1	1	—	1	1	—	—	—
220. Raisins ..	—	1	1	—	1	1	—	—	—
221. Raspberries in Syrup ..	—	1	1	—	1	1	—	—	—
222. Red Currant Jelly ..	—	1	1	—	1	1	—	—	—
223. Rhubarb in Syrup ..	—	1	1	—	1	1	—	—	—
224. Rice ..	—	2	2	—	2	2	—	—	—
225. Rock Lobster ..	—	1	1	—	1	1	—	—	—
226. Rum and Butter Sweets ..	—	1	1	—	1	1	—	—	—
227. Rum ..	1	—	1	1	—	1	—	—	—
228. Saccharin Tablets ..	—	2	2	—	2	2	—	—	—
229. Salad Cream ..	—	8	8	—	8	8	—	—	—
230. Sardines in Oil ..	—	1	1	—	1	1	—	—	—
231. Sardines in tomato and oil ..	—	8	8	—	1	1	—	7	7
232. Sauerkraut ..	—	1	1	—	1	1	—	—	—
233. Sauce ..	—	1	1	—	1	1	—	—	—
234. Savoury Spread ..	—	1	1	—	1	1	—	—	—
235. Scotch Whiskey ..	1	—	1	1	—	1	—	—	—
236. Seidlitz Powders ..	—	1	1	—	—	—	—	1	1
237. Semolina ..	—	2	2	—	2	2	—	—	—
238. Sherry ..	—	1	1	—	1	1	—	—	—
239. Senna Leaves ..	—	1	1	—	1	1	—	—	—
240. Shredded Beef Suet ..	—	7	7	—	6	6	—	1	1
241. Sild in Oil and Tomato ..	—	1	1	—	1	1	—	—	—
242. Soft Drink Tablets ..	—	1	1	—	1	1	—	—	—
243. Soups ..	—	4	4	—	4	4	—	—	—
244. Soya Flour ..	—	1	1	—	1	1	—	—	—
245. "Sno Fil" (cake filling) ..	—	1	1	—	—	—	—	1	1
246. Soothing Powders ..	—	1	1	—	1	1	—	—	—
247. Spices (mixed) ..	—	1	1	—	1	1	—	—	—
248. Sponge Pudding Mixture ..	—	6	6	—	6	6	—	—	—
249. Stewed Steak ..	—	1	1	—	1	1	—	—	—
Carried forward ..	445	539	984	402	506	908	43	33	76

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal	Total
Brought forward ..	445	539	984	402	506	908	43	33	76
250. Stewed Rabbit and Vegetables ..	—	1	1	—	1	1	—	—	—
251. Steak and Tomato (canned) ..	—	2	2	—	2	2	—	—	—
252. Strawberries and Cream (sweets) ..	—	1	1	—	1	1	—	—	—
253. Strawberries in Syrup ..	—	1	1	—	1	1	—	—	—
254. Sugar Pieces ..	—	1	1	—	1	1	—	—	—
255. Sugared Coconut ..	—	1	1	—	1	1	—	—	—
256. Sunny Spread ..	—	1	1	—	1	1	—	—	—
257. Sugared Almonds ..	—	1	1	—	1	1	—	—	—
258. Sultanas ..	—	1	1	—	1	1	—	—	—
259. Synthetic Cream ..	—	7	7	—	7	7	—	—	—
260. Tapioca ..	—	1	1	—	1	1	—	—	—
261. Tea ..	—	2	2	—	2	2	—	—	—
262. Tomatoes (canned) ..	—	1	1	—	1	1	—	—	—
263. Tomato Ketchup ..	—	1	1	—	1	1	—	—	—
264. Tomato Puree ..	—	1	1	—	1	1	—	—	—
265. Tomato Juice ..	—	1	1	—	1	1	—	—	—
266. Tomato Sauce ..	—	2	2	—	2	2	—	—	—
267. Tomato Soup ..	—	1	1	—	1	1	—	—	—
268. Tomato Straws ..	—	1	1	—	1	1	—	—	—
269. Treacle ..	—	1	1	—	1	1	—	—	—
270. Tonic Tea ..	—	1	1	—	1	1	—	—	—
271. Tripe ..	—	2	2	—	2	2	—	—	—
272. "Twiglets" (savoury straws) ..	—	1	1	—	1	1	—	—	—
273. Veal (Jellied) ..	—	1	1	—	1	1	—	—	—
274. Vinegar ..	1	—	1	—	—	—	1	—	1
275. Vegetable Oil Fat ..	—	1	1	—	1	1	—	—	—
276. "Vimto" ..	—	1	1	—	1	1	—	—	—
277. Welsh Rarebit ..	—	2	2	—	2	2	—	—	—
278. Whey Cream ..	—	1	1	—	1	1	—	—	—
279. Whipping Compound ..	—	1	1	—	—	—	—	1	1
280. White Grapes (fresh) ..	—	1	1	—	1	1	—	—	—
281. Whole Orange Drink ..	1	1	2	1	1	2	—	—	—
282. Yorkshire Pudding Powder ..	—	1	1	—	1	1	—	—	—
283. Yoghourt ..	—	2	2	—	2	2	—	—	—
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